MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE OF DEATH	19496
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1. PLACE OF DEATH			93-6)
County Frederick			Registration Dist. No. 136
Village or City Near Urban	าล		No. Near Urbana St., Ward
			death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town wher	e death occurred	Oyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mrs. Ama:	nda Agusta	Baker	
(a) Residence: No.			St., Ward.
	(Usual place		If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Female White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 14,
ia. If married, widowed, or divorced	1 1120011		(Month) (Day) (Year)
HUSBAND of Eldridge	Baker		22. HEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	ept. 19, 1	845	I last saw h. L. alive on A. L. L. J. J. death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 4 • 30A m.
89 2	25	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	OCT	ime (years) 70 nt in this 20 upation	Other Coutributory Causes of Importance:
13. NAME Upton Cecil			
14. BIRTHPLACE (city or town)	yland		Name of operation Date of
(State or country)			What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Annie Ric	Θ.		23. If death was due to external causes (VIOL ENCE) fill in also the following:
E (State or country)	yland		Accident, suicide, or homicide?
Mrs. Harry M. 17. INFORMANT Frederick, Mc (Address)	Roderick	-2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		. /	Manner of injury
Place Mountain Church.		12/16, 19 34	Neture of injury
George W. Pe 19. UNDERTAKER Frederick, (Address)		-#- .2	24. Was disease or injury in any very related to occupation of deceased?
20. FILED bec/6, 1934 g	O Houlle	ekteri Registrar.	(Signed) M. D. (Address) T. Le C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Exa	imple I		Example II		
The principal cause of death of importance were as follow	n and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	TAN 4: 3055	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	LA DEALLY	July 5,1927	Peritonitis	3 days ago	
<u> </u>					
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(M)	infor-	state	UPA-
	Jo	plu	CC
	E	10	0

JARGIN RESERVED FOR BINDING

Length of residence in city	44 1 14 14	(II	Registration Dist. No. 13 No. Frederick City Hospital St., f death occurred in a hospital or institution, give its NAME instead of street an s. 1 ds. How long in U.S. if of foreign birth? Mrs. Mary Ellen Baker Ward Near Hyattstown,	War d number)
	(Usual place D STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	-
	OR RACE 5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH OLC . 24 (Month) (Dab)	, 193
6. DATE OF BIRTH (month, day, 7. AGE 8. Trade, profession, or par kind of work done, a SAWYER, BDDKKEEP 9. Industry or business in work was done, as SI SAW MILL, BANK, et	and year) Oct. 15, 1 Months Deys 2 9 rticular as SPINNER, PER, etc. Houseworl	If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY. That I attended to the saw has a live on the date stated above, at 2 from the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	, 19.3.
1D. Date deceased last work this occupation (monity year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Gideon	ked at hand Dec. 24 11, Total sp oc oc oc occording to the set of the set occording to the set occordinate to the set occo	time (years) ent in this 45 cupation	Dither Contributory Causes of importance: Classic Roma of Colonf? Connec Neghorts	9 mo
14. BIRTHPLACE (city or tow (State or country)	Sophia Recker		Name of operation	n au'opsy?
16. BIRTHPLACE (city or tow (State or country) 17. INFORMANT Mrs. For	ma B. Brandenbu	rg.	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	, 19 itate)
18. BURIAL, CREMATION, OR RE Place La Olivet	Cem.Fred Date Dec Etchison & Son ick, Md.	. 26. 1934	Manner of injury Nature of injury 24. Wes disease or Injury In any way related to occupation of deceased? If so, specify (Signed)	Tro

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-KARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

1. PLACE OF DEA	ТН			<u> </u>	
County Fre	derick			Registration Dist. No. 135	
Village or City	Wollson	lle,		No. St.	Ward
		-		death occurred in a hospital or institution, give its NAME instead of street and number))
Length of residence in	city or town where d	eath occurred	yrsmos	ds. How long in U. S. If of foreign birth?yrsmos	ds.
2. FULL NAME	//scar	riage	Dure		
(a) Residence: No.	2 2	hekts	YILLE	Ward.	
DEDSONALA	UD STATISTI	(Usual place		If nonresident give city or town and State	
PERSONAL A	OR OR RACE		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	OK OK KACE	OR DIVORCE	D (porite the word)	21. DATE OF DEATH 15 5H 102	4
male u	nue	sing	ill	(Month) (Dey) (Ye	eer)
HUSBAND of	vorced			22. HEREBY CERTIFY. That I attended decease	ed from
(or) WIFE of				Nee 3H 13H Nee 3H 19	31
DATE OF BIRTH (month, d	av. and year) 10	Der. 24	1934	I lest saw hail alive on Dec 24 1934; deeth	is sald
AGE Yeers	Months	Days	If LESS than	to heve occurred on the date stated above, at	
4	-	-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or kind of work don	particuler		t or see a control	Date of	ol onset
kind of work don SAWYER, BOOKK	e, as SPINNER, EEPER, etc			Jetra Ilterine	
kind of work don- SAWYER, BOOKK! 9. Industry or business work was done, e- SAW MILL, BANK 10. Dete deceased lest w	in which			D.C. L. L.	
SAW MILL, BANK	, etc	1	• • • • • • • • • • • • • • • • • • • •	uophy gia	
10. Dete deceesed lest w this occupation (m	onth end	spe	ime (years) nt in this upetion	La Parista Installata	
1 9601)	01	000	petion	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town (State or country)	i) (Wol	foull	L	- Pf	
1	7/10	ylana	,	Mondrellal ul Place Da	Lie
13. NAME 14. BIRTHPLACE (city or	om m	year	1	Def of g	
14. BIRTHPLACE (city or	town)	olfsval	Q	Name of operation	
(State or country)	1 11' 40	nan	yland	What test confirmed diegnosis? Was there an autopsy	?
15. MAIDEN NAME	auce /	1. Ecci	rd	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME J				Accident, suicide, or homicide?, 19	9
(State or country		Maryla	nd	Where did injury occur?(Specify city or town, county and State)	
7. INFORMANT	Vhry M.	, Gear		Specify whether injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	Smith	isloung		·····	
18. BURIAL, CREMATION, OR REMOVAL Place At Home Date Sec. 25, 1934			r. 25 10.24	Manner of injury	
I Idot	7	Date 22 National	G.C. D, 1912. T.	Nature of injury	·}
9. UNDERTAKER		••		24. Was disease or injury In any way releted to occupation of deceased?	
(Address)	0.0		2	If so, specify	
D. FILED Dec. 25	1934 Joha	eles L.L.	eatherman	(Signed) SOLERY WILLIAM	_ M. D
		•	Registrar.	(Address) / ///////////////////////////	1 (20

V. S. No. 1

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Other contributory causes of importance:	ED	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
JAN A E			

See birth certificate to sulliving stellbirth	

BINDING

FOR

(ARGIN RESERVED

Leight of residence in city or town where death occurred ()	STATE OF MARYLAND	CERTIFICATE OF DEATH 12432
Village or City. Manual Length of residence in city or town where death occurred (a.) yrs	1. PLACE OF DEATH	942
Village or City Length of residence in city or town where death occurred (a) the control of instruction, give in NAME instead of street and analysts) 2. FULL NAME (a) Residence: No. (Usual place of shools) (Usual plac	County Frederick	Registration Dist. No. / 3 2
Length of residence in city or town where death occurred ()	Village or City Middletown	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Unsulphee of shode) PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE S. SHOWN-WARRINED, WIDOWED, ONE-PWORKED (errice file upper) S. Ilmantried, widowed, or divorced (rear) (or) Will of the profession, or particular and the profession, or particular hand of work done, as SPINNER, BOOKEPER, etc. 8. Trace, profession, or particular hand of work done, as SPINNER, SAWYER, BOOKEPER, etc. 8. Industry or bosines in which it saw work done, as SPINNER, SAWYER, BOOKEPER, etc. 8. Industry or bosines in which it some in this occupation (enchange) 10. Date General desired above, as SPINNER, SAWYER, BOOKEPER, etc. 11. Total time (years), span in this socupation (enchange) (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURNAL CREATION, OR REMOVAL Place 19. J.	Length of residence in city or town where death occurred Qyrsmo	
Date of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ONE-PHORED (spring the word) S. I Manarried, widowed, or divorced HUSBARDO (month) (Month) (Day) (San I Manarried, widowed, or divorced HUSBARDO (month) (ACC) (ACC) Personal Particular (month, day, and year) 7. ACE Years Months Days 11 LESS than 1 day, hrs. or min. 1 Day (Color OR RACE) 1 Day (month) 1 Day (mon	2. FULL NAME (3) 4 L' tta B	aton
3. EX. 4. COLOR OR RACE 5. SINGH-PAPEED Cornect the year) 21. DATE OF DEATH Color (Month) (Day) (Pear) (Pe	(Usual place of abode)	
OR-PHONEED Corrice the world (Month) (Day) 193 (
5. DATE OF BIRTH (month, day, and year) 7. AGE 1. AG	OR DIVORCED (sprite the word)	DCC, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day	(or) WIFE of	
1 day, hrs. or. min. 8. Frade, profession, or particular kind of work dome, as SPINNER, SMYRKE BOOKEPEPR, etc. 9. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and years) spant in this occupation (month and years) spant in this occupation (month and years). 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. BURIAL, GREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED Q . LO., 19. 344 Address 11. Total tima (years) spant in this occupation. 11. Total tima (years) spant in this occupation. 12. Date of injury. (Specify city or town). (State or country) What test confirmed diagnosis? Was there an auropsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, country and State) 19. Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 19. Was disease or injury in any way related to occupation of deceased? 19. Water of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. Signed Authority Mandadustry. 19. Water of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. Signed Authority Mandadustry. 19. Water of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. Signed Authority Mandadustry. 19. Water of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. Signed Authority Mandadustry. 19. Water of injury. 25. Signed Authority Mandadustry. 26. Water of inju	6. DATE OF BIRTH (month, day, and year)	1 last few her alive on ACC 5, 1934; death is said
Birthplace (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILER Q Q . O. , 19 244 J. Address Address Address Address Address 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILER Q Q . O. , 19 244 J. Address (Signed) 10. City or down of the contribution of the contribution of the contribution of deceased? (Signed) 10. Signed) 11. Total time (vears) (State or country) (Or the Contributery Canses of Importance: (Or the Contributery Canses of Importance: (Other Contributery Canses o	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Canses of Importance: Other Contributory Other Contri	8 Trade profession or particular	Data of onset
Other Contributory Canses of Importance: Other Contributory Other Contri	SAWYER, BOOKKEEPER, etc	lingina (ectorio mas
Other Contributory Canses of Importance: Other Contributory Other Contri	work was done, as SILK MILL, SAW MILL, BANK, etc	1939
Other Contributory Canses of Importance: Other Contributory Other Contribu	Spantin this	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (State or country) Where did injury occurr? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Visual Season of Companion of deceased? If so, specify (Signed) Manner of Mann	MALLI	Other Contributery Causes of Importance:
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Date Date Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Manner of Mann		
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Manner of injury Place Place Date Date Date Nature of injury Nature of injury 19. UNDERTAKER (Address) 10. FILED Q 10 , 19 344 Southern Aurenta Registrar. Manner of injury Nature o	17. INFORMANT TO A SOLD TO	(Specify city or town, county and State)
Place 1. 2. Date	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	Place Frederick Date Date 1934	
10. FILED Q Q 10, 19 24 Dayon Questo (Signed) Elmer Harf	19. UNDERTAKER (ANdrage)	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Q. Q. 10. 19 24) Conford Questo	Walter to black P

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V.S.	1		
Other contributory causes of importance:	1.7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

V. S. No. 1

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of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19433
1. PLACE OF DEATH	23)
county orederick,	Registration Dist. No. 39
Village or City State Sanatorus	n MR Mard
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Clarence We	stley Becraft.
(a) Residence: No. Suffer Suffer (Qual place of abode)	St. Koutar # 1 Carfull Co. Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of	
Helen Becraft.	1 HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, end year) March 24, 1910	I last saw ham alive on Dec. 1, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 4: 40 Am.
23 8 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
Trede, profession, or particular kind of work done, as SPINNER, Laborer	Date of onset
9. Industry or business in which work wes done, es SILK MILL,	Outmonary Tuberculosis
SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) - Maryland.	Other Contributory Causes of Importance:
(State or country)	
13. NAME Than CUS Be Craft.	
14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Ella Jamber	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mouy and (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Helen Becraft.	Where did Injury occur? (Specify city or town, county and State) Specily whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Surappille Route # 1. Vud.	The second of th
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Syllawill Md Date Influence	Nature of Injury
19, UNDERTAKER HOVY WELL (Address) Surgery Well (Address)	24. Wes disease or Injury In eny way releted to occupation of deceased?
20. FILED MAJY , 19 Registrar.	(Signed) Liwart S. Straffer M. D. (Address) Stale Sana trum Ind.
Registrar.	(vinitees) the reserve to the ANA ANA ANA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Arteriosclerosis Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

1. PLACE OF DEATH	MARTLAND—		IUI
County Frederick	7	Registration Dist. No/	41
Ossevillage of City hear Burns	wick	No. St	Ward
Langth of rasidence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and	number)
2. FULL NAME Chas	La Character Go	ds / How long in U.S. if of foralgn birth?yrsr	nosds.
	V B	h.	
(a) Residence: No. IXotemina	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	- //
male White	married	(Month) (Day)	, 193(Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	R	22. HEREBY CERTIFY That I attended	d deceased from
Jenne !	n wrown	left / 1994 to Dec	19.34
6. DATE OF BIRTH (month, day, and year)	by 11 1862	I last saw h. i.M. alive on	; deeth Is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at/P.m.	
12 9	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importanca wera as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	utobe	0 0 0	
E SANTER, BOOKREEPER, BIG		apile Buygemen	2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	***************************************	To Product	
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent In this		
/ year)	occupation	Other Contributory Causes of Importance:	
12, BIRTHPLACE (city or town) (Stata or country)	4	L. A.	
13. NAME John 68	Borres	Typarence	
13. NAME 14. BIRTHPLACE (city or town)	mil	Nama of operation Date of	
(State of Country)	Itel		eutopsy?
15. MAIDEN NAME Mary Fr	egley	23. If death was dua to external causes (VIOLENCE) fill In elso the following	
16. BIRTHPLACE (city or town)	11/	Accident, suicide, or homicide? Date of Injury	0.
(Stata or country)		Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT MAS Chaus &	Borvero	Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PI	LACE.
18. BURIAL, CREMATION, OR REMOVAL	R md		
Place Cemetery do	Date 2 4 1934	Mannar of Injury	
MATERIA +2	Arres 0	Nature of injury	
19. UNDERTAKER (Address)	wich mos	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 170 0 1924 Curs 1	1.5 4.	(Signed) Arlham Schuge	LE M.D
20,11660-3-366-3-19,19,19,19	Registrar.	(Address) Burnsue P	Mil

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

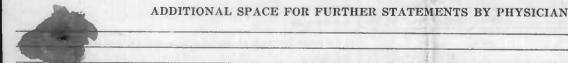
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	1:		
Other contributory causes of importance:	(?	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



PHYSICIANS should state Exact statement UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE PLAINLY, WITH TION is very important.

V. S. No. 1

19. UNDERTAKER

(Address)

item of infor-

of OCCUPA-

1	STATE OF PLACE OF DEATH County Lond		CERTIFICATE OF DEATH 12435 Registration Dist. No. 136	
	Village or City near Ost	ance	8.00	
	Village of City 4000		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)	
	Length of residence in city or town where death o	ccurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.	
2	FULL NAME Syfun	A Bow	<u></u>	
	(a) Residence: No.	Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	malf car of	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH J	
5e.	II merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from	
6. I	OATE OF BIRTH (month, day, and year) GE Years Months	Days If LESS than I day, hrs.	I last saw h	
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ormin.	were as follows: Date of one et	
CCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
000	10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation		
12.	BIRTHPLACE (city or town) (State or country)		Other Coutributory Causes of importance:	
HER	13. NAME Duf James	Bowl		
FA	14. BIRTHPLACE (city of town) (State or country)	rd	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
HER	15. MAIDEN NAME Elizabet	le Growden	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
20	16. BIRTHPLACE (city or town) (State or country)	md	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	
	INFORMANT Day Jans	ville and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	e Lee 1/ 1924	Menner of injury	
	Place Charge Date Date	1904	Manager of 2-1-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Father - Ruy James Bow in	S. Stel Barn.	
mother Clapater Insider		

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12436
County Frederick	Registration Dist. No. 144
Village or City Thursday	No. St., Ward
(If Length of residence in city or town where death occurred 4 Oyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Elisabetta Brock	Place most long in 0.3.11 of foreign bitting yes
(a) Residence: No.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) While S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DIC 16"
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of John Brockley	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct-30 - 1851	I last saw h la alive on Dec 16' , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at $330 p_m$.
83 / 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which	Carhoris of Line, Chronic
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	arterial schrosio 1930
10. Date deceased last worked at this occupation (month and spant in this	
this occupation (month and 19.34 spant in this occupation 25	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanco:
(State or country)	
13. NAME Milliam Middown	
13. NAME Milliam Mildour 14. BIRTHPLACE (city or town)	Name of operation
(State of country) Lemma	What test confirmed diagnosis fugueal aya. Was there an eulopsy? 200
15. MAIOEN NAME Elizabeth Mentzer 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
E (State or country)	Where did injury occur?
17. INFORMANT Calving & Lofrey (Address) Thurmont	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lettles form Oate 129 11 1934	Nature of injury
19. UNDERTAKER Fillhide & Energen	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED DEC. 27, 1934 Asma M. Jones. Registrat.	(Signed) Thurmout Md. (Address) Thurmout Md.
	(Audiess)

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	-0.0
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURELLY, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		ATE O	FMAR	YLAND-	CERTIFICAT	E OF DEA	TH /2	439
1. PLAC	E OF DEATH	. 0			82.0	7)		-
County	, he de	uck		A		Registration	Dist. No. 13	
Village	or City	Suller	ee, Ju	edend	e Mollanglan	ed	St.,	Ward
Length	of residence in daty	or town where de:	ath occurred	(II	death occurred in a hospital or i			
2. FULL	Vi	ena,	T					103
	<	Deg	13.00	ouer ,	1100			
(a) Ke	sidence: No	or esse	(Usual place	of abode)	Mard.	If nonresident	give city or town and	State
PER	SONAL AND	STATISTIC	-		MEDICAL	L CERTIFICATE	OF DEATH	
3. SEX	4. COLOR	OR RACE	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEAT	blec	20	., 193 14
5a. If married,	widowed, or divorce	d		9		(Month)	(Day)	(Tear)
HUSBANI (or) WIFE	of				22. HERE	BY CERTIF	J. That I attended	deceased from
E DATE OF D	RTH (month, day, a	ay 4-	1 4 1-4-		I last saw h	1 1		, 19
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date		1	, deeth is said
	69	4	16	1 day,hrs.	The PRINCIPAL CAUSE OF			
8. Trade,	profession, or parti	cular	,	formin.	were es follows:			Date of onset
SA SA	d of work done, as WYER, BOOKKEEPE	SPINNER, R, etc	darm	er	Taral	2010		12 5
9. Indust	ry or business in w rk was done, as SIL W MILL, BANK, etc.	hich K MILL,						37
0 10. Date of this	leceased last worked s occupation (month	d at		me (years) nt in this 4 5 Mw	Primary Cans	e: Cesebral Se	cuep	
12 RIDTHDI A	CE (city or town)	Zusan	l a -	pation 4 2 /	Other Contributory Causes of	importance:		
	or country)		1		0 2	- A		
13. NAME	Plul	in Bu	soier		wiles.	Eleras	10	1933
HLY 14. BIRTH	PLACE (city or town	1 200	ando	2	Name of operation		Date of	4
(S1	ate or country)	ger	ma	ny.	What test confirmed diagnosi	is?	Was there an	eu'opsy?
15. MAIDE	N NAME U	1 ary	Setro	ade	23. If death was due to extern	ai causes (VIDL ENCE) fil	II in also the followin	g:
0 16. BIRTH	PLACE (city or town)	Zugu	land	Accident, suicide, or homicide	e?	Date of Injury	, 19
≥ (Si	ate or country)	Ter	mar	y.	Where did injury occur?		town, county and Sta	
17. INFORMAN (Addre		a. Jone	s dys	Mid.	Specify whether injury occur	red in INDUSTRY, in HO	ME, or in PUBLIC PL	ACE.
	EMATION, OR REM	OVAL	12	23 24	Manner of injury			
Place	d	I or	Date / -	, 1927	Nature of injury			
19. UNDERTAK (Addre		ad Hus	meral H	ome	24. Was disease or injury In a	any way related to occup	ation of deceased?	7=9
20. FILED 2 2	· Dec 193		VIL	7	(Signed)	12		2 4 5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make-some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN	
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4	63	4	9	0
1	2	4	5	7

2	- (N. a)
<u></u>	Registration Dist. No. 182
en where death occurred 35 yrs	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
una May 13	rsound
ddle own Mul (Usual place of Wode)	St., Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SHAGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sec. 15/ (1934) (Year)
or) May, 22 1862 onths Oays If LESS then 1 day,	I HEREBY CERTIFY. That I ettended decessed from 2 20 47 19 19 19 19 19 19 19 19 19 19 19 19 19
11. Total time (years) spant in this occupation Opeville Md	Other Contributory Canses of importance:
auver oxville md	Name of operation Date of
a Stotlemyer Folsville nil	What test confirmed diagnosis?
12/3/ 1994	Nature of injury Nature of injury 28. Was disease or injury in any way related to ground fin of decorate.
Defraces Registrar.	24. Was disease or injury in any way related to occupation of deceesed? If so, speaky (Address) M. D. (Address)
1) more blanks are needed, address State Kegistrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 July			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-IARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

STATE OF MARYLAND	CERTIFICATE OF DEATH 12440
1. PLACE OF DEATH	Pagietration Diet No. 3 7
County Juliul	Registration Dist. No.
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s, ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Austul Elles In	tuller
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Served OR DIVORCED (write the word)	21. DATE OF DEATH 8/1 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Aug 1418 89	I last saw h_ex alive on Dre Y , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. 20m.
45 3 V24 1 day, hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	74
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and second last worked).	- Myocardetis Siph'32
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month and part) 11. Total time (yeers) spent in this occupation occupation	
Ma .	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Charles Fill 14. BIRTHPLACE (city or town) Mach	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Elizabeth Bull 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify cky or town, county and State)
17. INFORMANT STATE TO THE CADDRESS TO THE CAD	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pitethen Hesley Clint pate Lend 19 29	Nature of injury
19. UNDERTAKER Pawall & albang	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED De 40, 19 34 Al Cef	(Signed) Ohs By Hone M.D. (Address) Abrily fown Med.
Resident.	
1) more viants are neededy address State Kegistra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 9 1:35			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRATE

V. S. No. 1

	19414
PLACE OF DEATH	STATE OF MARYLAND
County Frederick.	CERTIFICATE OF DEATH
Q ₁	Registration Dist. No. 37
Villa contesta de la como de la c	
2FULL NAME Selina Jane	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME It- stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acuale While Single, MARRIED, WIDOWED. Redownd (Write the word)	16 DATE OF DEATH /2 2-2 , 1934 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mar. 2 , 1854	19/0 to Noc. 2/- , 1984,
(Month) (Day) (Year)	that I last saw her elive on Dec 1, 1876,
7 AGE : If LESS than I day	and that death occurred on the date stated above, at
30 yrs. 9 mos. 20 ds. or min.?	A
8 OCCUPATION (a) Trade, profession or particular kind of work	Carebral Hemormago
(b) General nature of industry	10
business, or establishment in which employed or (employer)	(Duration) yrs, most ds.
9 BIRTHPLACE (State or country) Ind.	Contributory Secondary
10 NAME OF 7/11 (+0)	(Duration) Tyrs mos ds.
FATHER IT THENY Elyler,	(Signed) M. D.
of Father	*State the lisease Causing Death, of, In deaths from
OF FATHER (State or country) 12 MAIDEN NAME 11	Violent Causes, state (1) Means of Injust and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Churcham	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) John & Esfer	usual residence
(Address) Sibritylown	Farming County VIQ 24. 1934
Filed Jell 22 1904 Th Gufua. Registras	20 UNDERTAKER POWELL + alleugh Supering toes
If more blanks are needed, address Ltate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House laborer, Farm tacorer, Lawrence in the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement: Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of r," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphliheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisaned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptominges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculasis of lungs, men-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

LARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12442
1. PLACE OF DEATH	<u> </u>
county Frederick	Registration Dist. No. 13/
Village or City Wellow Strings	No. Must St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred ZQ/yrsmos.	
2. FULL NAME Mrs. Mary Delial	Cllon Cannon
(a) Residence: No. (Usuar place of abody)	St., Ward. If nonresident give city or town and Stole
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH Dec. 22 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Cannor	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) June 13, 1858	I last saw h, alive on 2 2 1, 19 21; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at 9:30A.m.
76 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Concer of becast 1732
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, atc.	
10. Date deceased last worked et this occupation (month and bec 8 34 spant in this 50 occupation	
My / Ocapaton	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME (CLL) Crabbs	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Deta of
Y 18/ 11/	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CLESUSELLI CALLY	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mars At Langue	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Om Fred	Manner of injury
Place Clasant Hill Data De 241939	Nature of injury
19. UNDERTAKER M. R. Cichison & Sons (Address) Lederick Marilons	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 Les 1934 On Trans Medical Registrat.	(Signad) BDH M. D. (Address) And Dead
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING FOR RESERVED

That I ettended deceased from

death is said

Oate of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	V

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County	ATH ederick		SEE A	Registration Dist. No.	38	
Village or City	Barthlo		D. Mt. At	rynôld. St.	Ward	
Length of residence i	n city or town whare	death occurred	(16 -4_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	d number) mosds	
2. FULL NAME	Albert	J.Clay,				
(a) Residence: No	•		Md.	St., Ward.		
PERSONAL A	ND STATIST	(Usual place		If nonresident give city or town at	nd State	
3. SEX 4. CO	Nhite	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December, 21.	, 1934	
5a. If married, widowed, or HUSBAND of		611 0 24		(Month) (Day) (Year) 22. HEREBY CERTIFY. That I attended dacesed from the control of the cont		
6. DATE OF BIRTH (month,	day, and yeer) 18	363-5-24		I last saw him alive on wat 6 ,1934; death is sai		
7. AGE Years 71.	Months 6	Deys 27	If LESS than 1 day,hrs. ormin.	to heve occurred on the data stated above, at. 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Date of onset	
8. Trada, profassion, o kind of work do SAWYER, BOOK	na, as SPINNER,	Blackemi	th	aku kleyy	1930	
kind of work do SAWYER, BOOK 9. Industry or busines work wes done, SAW MILL, BAN 10. Date daceased lest this occupation (year)	worked et month and 12/3	OCCL	ime (yeers) nt in this 50yr	Other Coutributory Couses of importance:		
an Dimministration (1)	- HYDYD'	ni nir no				
12. BIRTHPLACE (city or to	Man	Tiped.				
(State or country)	Marri Jeogo Cl	olera. Cy				
(State or country) 13. NAME 14. BIRTHPLACE (city or (State or country)	Men Jesse Cla r town) Fr	Tiped.		Name of oparetion Date of	n autopsy? L	
(State or country) 13. NAME 14. BIRTHPLACE (city or (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)	Man Jesse Cl r town) Fr r town) F	ov ederick Maryland		Name of oparetion Date of. What tast confirmed diagnosis? Was thera at 23. If death was due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S	ing: , 19	
(State or country) 13. NAME 14. BIRTHPLACE (city or (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or country)	Man Jesse Cl r town) Fr r town) F r town) F r town) F r town) F R REMOVAL	ederick Maryland Maryland Maryland Maryland Maryland Olay ry,Md.	Co. load, k Co.	Name of oparetion Date of. What test confirmed diagnosis? Was there at 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	ing: , 19	
(State or country) 13. NAME 14. BIRTHPLACE (city of (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country) 17. INFORMANT (Address) F (Address) F (Address) F (Address) 18. BURIAL, CREMATION, Of Place (March 19) 19. UNDERTAKER	Man Jesse Cl r town) Fr r town) F r town) F r town) F r town) F R REMOVAL	ederick Maryland A M. Noru rederick Maryland Clay ry, Md. rjote Dec	Co. load, k Co.	Name of oparetion	ing: , 19	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12445
1. PLACE OF DEATH Within the	Corporate Manage Registration Dist No. 131
Ban alana	010 6 16/1/16
Village or City TOOLLAM	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred byrs, mos.	ds. How long in U. S. if of foreign birth? yes. mos. ds.
2. FULL NAME Melle do	use Chingan
(a) Residence: No. 219 & Falury &	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Formula White OR DIVORCEO (write the word)	December Ind 1934 (Month) 10ay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from 11. 1934 1934
6. OATE OF BIRTH (month, day, and year) August 2) 1866	I last saw h. R. alive on some 2004, 1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
68 3 5 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Aouse wife SAWYER, BOOKKEPER, etc.	Chrom Mys Cacours
SAWYER, BOOKKEEPER, etc.	My caroling account 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILIK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	1200
10. Oate deceased last worked at this occupation (month end spent in this	
year)	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Scedench/Mg	arterio selevosio ?
(State or country)	Mehlmin witershear 1931
13. NAME Tours speneartingous	
13. NAME OUS Sperred lings of 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME VIMLESVA Tomber	23. If death was due to external causes (VIOLENCE) fill in also the Tollowing:
15. MAIOEN NAME Mueroa Tombea 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
Stata or country)	Where did injury occur? (Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT May May met 65 ch (Address) Fhedrysh MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Mt Clevet Central pate De 15, 1935	Nature of Injury
19. UNDERTAKER M. K. alchison fore (Addrass) Frederices med	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED - Dec. 1934. Dr. Dr. Dr. M. Curs	(Signed) (Address Deb der elk Mild) M. C
	2411 N. Charles Street Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	4 /	(82-nJ)
	County Tre devices	Registration Dist. No. 131
	Village or City Moulevus Avantal	No. St., W death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurredyrsmos	
•	FULL NAME Was Refree a Some	A
2.		
	(a) Residence: No. That ce that (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Weenber 8 , 193 4 (Year (Month)) (Day) (Year
5a.	If married, widowed, or divorced	(Month) (Day) (Year
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed
	10.	19 34 , to 2 8 , 19 T
6. D	DATE OF BIRTH (month, day, and yeer) WLL 23, 1858	i last saw hear alive on 1979; deeth is
1. A	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and retated causes of importance
_	O Tmin.	were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	R DAD -11
ATI	9. Industry or business in which	Vegus us- feeting as was
OCCUPATION	work was done, as SILK MILL, Com tham &	Primar Paras Carl La
0	10. Date deceased last worked at this occupation (month and year) 17. 2 2 11. Total time (years) spant in this occupation 4-0	Cus o
- 1	year) 1932 occupation 7	Other Coatributory Causes of Importence:
12.	BIRTHPLACE (city or town) Waryland	
m l	(State or country)	arters Scherosis 193
HER	13. NAME adam Ebert.	
FAT	14. BIRTHPLACE (city or town) Wary and	Name of operation Dete of
2	(State or country)	What test confirmed diagnosis? Was there an au'opsy?
出.	15. MAIDEN NAME Larrell Burger	23. If death wes due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) and and .	Accident, suicide, or homicide?
- 1	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL CREMATION OR REMOVAL	/ Manager to the
	Place Frederick mile Date Nell 171934	Manner of injury
19.	UNDERTAKEN CHEAGUE AND	24. Was disease or injury in any way related to occupation of deceased? 2
		If so, specify (Signed) BBB
	FILED O-Lec. 1934, Dr. Drot In Couls	(orgined)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN STATE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-	stat	VAD:	
	pluo	000	1
-	sh	Jo	1
	IANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
	SIC	state	
	PHY	act s	
	Y.	Ex	
	TI	fied.	
	AC	assi	
	E	ly cl	ste.
	ated	oper	tifica
	e st	e pr	f cer
	d L	yb	k o
	hould	ma	bacl
	ES	at it	s on
	AG	th og	tion
	lied.	ms, s	struc
	ddns	ter!	e in
	lly s	plair	S.
	arefu	I in	rtant
	be ca	ATL	mpol
	pln	F DE	ery i
	sho	E 0]	is v
	ation	AUS	ION
	H	C	H

STATE 1. PLACE OF DEATH	OF MARYLAND	CERTIFICATE OF DEATH	12446
		117.5	
County Frederick	H	Registration Dist. No.	· · · · · · · · · · · · · · · · · · ·
Village or City Frederic	K	No. Frederick, Other Horself St., f death occurred in a hospital or institution give its NAME instead of street a	Ward
Length of rasidence in city or town wh	here death occurredyrs,mo	s5ds. How long in U.S. if of foreign birth?yrs	nd number)mosds
2. FULL NAME Howard	Darr		
(a) Residence: No. Near Ur	rbana (Usual place of abode)	Lestaill Ward. Noar Urbana, Md. If nonresident give city or town	and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH July 17 (Month) (Day)	, 193. 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisye Grant		22. I HEREBY CERTIFY, That I attend Luc 12 1934 to Dec 17	led deceesad from
6. DATE OF BIRTH (month, day, and year)	June 26, 1881	I last saw ham alive on alu. 16 ,193	4 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated ebove, at 300 A.m.	, 00011113 3010
53 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	
8. Trade, profession, or particular			Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Farmer	Swodenal Weer	2000
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	General Farming	Operation - Pyloroplasty	4 days
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date decaased last worked at this occupation (month and year)	11 Total time (years)		
12. BIRTHPLACE (city or town) Maryl (Stata or country)	and	Other Captributory Causes of importence:	2 days
13. NAME George B. Da	rr.		
13. NAME George B. Da 14. BIRTHPLACE (city or town) (State or country)	Maryland	Name of operation Frincey Pyloroplasty. Date of Whet tast confirmed diagnosis? Operation Was there a	
15. MAIDEN NAME Dorcus A	dams	23. If deeth wes due to external causas (VIOLENCE) fill in also the follow	
15. MAIDEN NAME DOTCUS A 16. BIRTHPLACE (city or town) (State or country)	yland	Accidant, suicida, or homicide? Date of injury Where did injury occur?	
17. INFORMAN L. H. Darr, (Address) Clarksburg,	Md. R. D.	(Specify city or town, county and Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC	otate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	red Dec. 19, 1934	Mannar of Injury	
19. UNDERTAKER W. V. Burdet (Address) Hyattstown		24. Was disease or injury in any way related to occupation of deceased?	20
20. FILED / 8 - 4 , 19 4		(Signad) Frank Devortington (Addrass) Frederick hid.	
If m	nore blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Fredrick Within the Octoorate Himse. Registration Dist. No. Willage of City Fredrick No. #/O Eller No. #/O Eller St., Length of residence in city or town whare death occurred. \$0 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. m 2. FULL NAME (a) Residence: No. #/O Eller (a) Residence: No. #/O Eller (busis place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprice tha word) Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of HOSPICAL CERTIFY, That I attended the state of the state o	2110
Village of City Field & No. #10 Elling St., (If death occurred in a horpital or institution, give its NAME instead of street and Length of residence in city or town whare death occurred. So yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. ds. how long in U.S. if of foreign birth? yrs. ds. how long in U.S. if of foreign birth? yrs. ds. how long in U.S. if of foreign birth? yrs. ds. how long in U.S. if of foreign birth? yrs. ds. how long in U.S. if of foreign birth? yrs. ds	C440
Length of residence in city or town whare death occurred. 80 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. ds. How long in U.S. if of foreign birth? yrs. ds. How long in U.S. if of foreign birth? yrs. ds. How long in U.S. if of foreign birth? yrs. ds. how long in U.S. if of foreign birth? yrs. ds. how long in U.S. i	1
Length of residence in city or town whare death occurred 80 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. 7 2. FULL NAME Charles David Doll (a) Residence: No. 4/0 Eline St., Ward. (Usual place of sbode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rarrier tha word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Therefore Dollars St. 1 attended 1930, to 29 me. 6. DATE OF BIRTH (month, day, and year) June 29 1854 1 last saw h aliva on 28 me.	Ward
(a) Residence: No. 4/0 Elia (Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (raprice tha word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5b. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced HUSBAND of (or) WIFE of Therence & Soll (Month) 5c. If married, widowed, or divorced (Month) 16 Soll (Month) 18 Soll (Month)	
(Usual place of sbode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write tha word) 5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of DATE OF BIRTH (month, day, and year) 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last aliva on 28 - Acc. 1 last saw h last alive on 28 - Acc. 1 last saw h last alive on 28 - Acc. 1 last saw h last alive on 28 - Acc.	
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write tha word) (Month) (22. 1 HEREBY CERTIFY, That I attended 19.30, to 29. Aug. 1 last saw h	Stale
Fig. 1 Married, widowed, or divorced HUSBAND of (Or) WIFE of Thereize & Sole 6. DATE OF BIRTH (month, day, and year) June 29-1854 OR DIVORCED (rurize tha word) (Month) (Day) 22. I HEREBY CERTIFY, That I attended 19.30, to 29-Au 1 last saw h & aliva on 28-Au 19.34	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of There I dele 22. I HEREBY CERTIFY, That I attended 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of There I dele 22. 6. DATE OF BIRTH (month, day, and year) June 29-1854 1 last saw h is alive on 28-40. 19.34	, 193
6. DATE OF BIRTH (month, day, and year) June 29-1854 last saw h 1 aliva on 28- Acc., 19.34	(1641)
6. DATE OF BIRTH (month, day, and year) drive 29-1854 last saw h aliva on 28- Lec 1938	
S. DATE OF BIRTH (MORIN, day, and year)	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 10 40 m.	.,
The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, Petricel Hotel Our and Dead Andrews	- Colle Ol Olleg
4 9. Industry or business in which	1930
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at Dec 1916 this occupation (month and year) occupation (coupation work)	1982
Other Cautributary Causes of importance:	7
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME John To. Doll	
13. NAME John 20. Doll 14. BIRTHPLACE (city or town) Frederick Nama of operation Data of	
(State of Edunity) What test confirmed diagnosis? Was there an	au'opsy?_Ug
15. MAIDEN NAME Carline 23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of injury (State or country)	
16. BIRTHPLACE (city or fown) Accident, suicide, or homicide? Date of injury (State or country) Where did injury occur?	, 19
(Specify city or town, county and State of Carlot of Car	te) ACE.
18. BURIAL, OREMATION, OR REMOVAL O / Manner of injury	
Place MX Olivex Come Date facing 1, 1935 Natura of Injury	
19. UNDERTAKER & Elline # Shee 24. Was disease or injury in any way related to occupation of decaased?	uo
(Address) Frederick Med. If so, specify.	1.4
20. FILED /3/ 3/ 13 the Ira / McCenty (Signed) To My Court Make	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
ŧ		
	Other contributory causes of importance:	1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

he Cure

(Dev) That I attended deceesed from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 24. Wes disease or injury in any way related to occupation of deceased If so, specify egistrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

BINDING ARGIN RESERVED 1. PLACE OF DEATH

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
3			

)	y item of infor-	S should state	t of OCCUPA.		
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
MARGIN RESERVED FOR BINDING	PERMANEN	d EXACTL	erly classified.	cate.	
VED FOR	THIS IS A	ild be state	ay be prope	ck of certifi	
N RESER	DING INK-	AGE shou	so that it m	ctions on ba	
MARGI	ITH UNFAI	Illy supplied.	plain terms,	. See instru	
•	LAINLY, W.	ild be carefu	DEATH in	TION is very important. See instructions on back of certificate.	
1	-WRITE P	mation shou	CAUSE OF	TION is vel	

N. B.-WRITE PI

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19450
1. PLACE OF DEATH	29
county of realizable	Registration Dist. No. 139
Village or City State Sana lown	C No. Mard
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mal Dur	all
(a) Residence: No. Paradena: C	home warrundel Co. Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marine	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed or divorced HUSBAND of (or) WIFE of 90. Duvall	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Wil -28. 1908	I lest saw h_L\ elive on D & C 5 , 1934; deeth is seid
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted above, at $12:55$ A m.
26 7 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	200
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, elc	Julmonary Interculosis
10. Deta deceased lest worked at this occupation (month and year) 11. Total lime (years) spant in this 5 yrs occupation 5 yrs	
12. BIRTHPLACE (city or town) Trenton . N.	Other Contributory Causes of importance:
(Stete or country)	
# 13. NAME Chas. Darrah	
13. NAME Chas. Darrah.	Neme of operation pale of
(State of country)	What test confirmed diagnosis? Chest X Aay Co? Piwes there an autopsy? Yes
15. MAIDEN NAME Lillan Marsh 16. BIRTHPLACE (city or town) New Jersey	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
[Slete or country]	Accident, suicide, or homicide? Date of Injury, 19
1000 D 10000 D 1	Where did injury occur? (Specify city or town, county and State)
(Address) Pas a den a Cia. Co. Mad	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place & allmol Mapate & C. 8., 1934	Neture of Injury
19. UNDERTAKER M.L. Craal 45on.	24. Wes disease or injury In eny way releted to occupation of deceased?
(Address) Thursday Md.	If so, specify
20. FILED Registrar.	(Signed) State Sanatoum M.D.
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

N. B.-WRITE

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12451
1. PLACE OF DEATH	
County trederick	Registration Dist, No. 139
Village or City State San atorum	No. Md. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME VIM C 2. Slage	now long in c. s. ii of foreign bitsit:
	B-OD ind
(a) Residence; No. 6 0 4 1	St., /- Ward. (St. VV C). If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female white married.	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Conthony Engarten	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 23, 1899	I last saw h A alive on D & C 13: 193 4; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:30 Am.
35 5 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trade profession or particular	Data of onset
SAWYER, BOOKKEEPER, etc. YOUNG	(Turmonary whereulogis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10 Date decreed lest worked at	
this occupation (month and March 93 4 spent in this /6 40	
12. BIRTHPLACE (city or town) maryland	Other Contribatory Causes of importance:
(State or country)	
13. NAME martin new ton	
14. BIRTHPLACE (city or town) mary and.	Name of operation
(State of country)	What test confirmed diagnosis? Cherry & Poswarthere an autopsy? 400
15. MAIDEN NAME Famue 9 oldsborough 16. BIRTHPLACE (city or town) Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mina Eligarten (on admission)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 604 h. Carley St. Balb. md.	
Place I hurmond Md Date Inknowned	Manner of injury
my Pagana	Nature of Injury
19. UNDERTAKER (Addiess) Thanks	24. Was disease or Injury In any way related to occupation of deceased?
12/12/20 10/14/	(Signed) Lewart & Shaffer. M.D.
20. FILED Registrar.	(Address) State Sana John M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEIV	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 7 160	July 5,1927	Peritonitis	3 days ago	
1	BUREALLY	s II			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				41	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12452
1. PLACE OF DEATH	(3)
County trederick	Registration Dist. No. / 81
Village or City Frederick	No. D. A. M. I. d. & St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
The product of the control of the co	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary J. V. Ellicot	24
(a) Residence: No. 302NU dale (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Ornland Described	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw her alive on 12-17 1934 death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at \(\int O \int O m. \)
7 8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this openuation (month and this population (month and this population).	acute Sugar tennie 6 andio, 12-145
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	And Valuelas disease
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) The dale town	Dther Contributory Causes of importance:
(State or country)	Cli lino S' C linus
14. BIRTHPLACE (city or town)	
[State or country]	Name of operation Date of Was there an eu'opsy? \ C
15. MAIDEN NAME Unchange	23. If death was due to external causes (VIOLENCE) fill in also the following:
[6. BIRTHPLACE (city or lown) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Matte King Jours (Address) Trederich Til	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Y. E. Cerry VI. d. Date Dec 20 , 1934	Manner of injury
19. UNDERTAKER CITIL'S Gadlie 0 (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9 - Dec 184 Ameleudy	(Signed) U.J. Bourne Job. M. D.
Registrar.	(Address) I reactive mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MEDITAL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephro		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN D IS SE	July 5,1927	Peritonitis	3 days ago	
	BURBAU VOE			21	
Other contributory cau	ses of importance:	= -	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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-	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of i	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU
		-	-

STATE	OF	MARYLAND-CERTI	FICATE	OF	DEATH

1. PLACE OF DEATH		946	,
County Frederick		Registration Dist. No. 144	
Village or CityBaccane	sie la	NoSt.,St	Ward
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME northers	Eshraim		
(a) Residence: No. E Por	muas "	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
mule- w	or Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Yes	4
5a. If married, widowed, or divorced HUSBAND of		22. HEREBY CERTIFY That I attended deceased	
(or) WIFE of Yolo		Dec 1 1934, to the 15, 19	7 L
6. DATE OF BIRTH (month, day, and year)	15,1889	I last saw h - M alive on 12ec 15 ,1974; death	ls sald
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
45	bl day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	menda +) Datasi	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Colonary	9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Calledian	
- Il. Il. tima occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town)	MANA IA	Mr Radio	
# 13. NAME Dr. Jours	a house	pyrelleteon	
14. BIRTHPLACE (city or town)	unio	Name of operation Date of	
(State or country)		Name of operetion Date of	Tho
15. MAIDEN NAME EXTRES	Forb	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME ETTE	•	Accident, suicide, or homicide? Date of injury, 19.	
(State or country)	ama	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Poles - CAR	roun	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	.0/11	Manner of injury	
Place Balto. N-d-	Date 1 2/16	Nature of injury	
19. UNDERTAKER 5 - Jeune	or + Bros	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Balto.	md.	If so, specify	
20. FILED bee 15 1984 leur	11 .C. Kladiast	(Signed) / Champel Lincoln to	-M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1935			
Other contributory causes of importance:	lj.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

County Fred	erick		Within the Con	orate hours	Registration Dis	st. No. 13	3/
,	ederick				City Hospita		W
Village of Oity			(1	death occurred in a hospital or i	institution, give its NAME in		number)
Length of residence In c	ity or town where	death occurred 3.1	yrsmos	ds. How long In U.S	S. if of foreign blrth?	yrsm	os
2. FULL NAME T	haddeus	Meade Fel	lton				
(a) Residence: No.	823 N. I	Market St	t	St. Ward.			
(-)		(Usual plac	re of abode)		lf nonresident giv	e city or town and	State
PERSONAL AN	D STATIST	ICAL PART	TICULARS	MEDICAL	L CERTIFICATE	OF DEATH	
3. SEX 4. COLO	R OR RACE		RRIED, WIDOWED,	21. DATE OF DEAT	Н		
male whi	te	married	ED (write the word)		Dec. 29th.	(Day)	, 193.4
a. If married, widowed, or dive	rced				(month)	(Day)	(166
(or) WIFE of	Maude C.	. Jones		22. SIHERE	BY CERTIFY	That I attended	deceased
			3.080	SUL	19 7 10	Lec LI	19:
. DATE OF BIRTH (month, da	y, end year)	Aug. 28,	1871	I last saw 1.30 alive or	0	193	death i
. AGE Yeers	Months	Deys	If LESS then 1 day,hrs.	to have occurred on the date	The state of the s		
63	4	1	ormin.	The PRINCIPAL CAUSE OF were es follows:	DEATH and releted carries	of Importence	Bataof
8. Trade, profession, or p	articular	Mana		Dean.	-		2
KING OF WOLK GONE,	as SPINNER, FT	Lour Mill					
SAWIER, BUUNKER	, 0		L	Vus V	Volume of	4	X PV
9. Industry or business li	which Ge	eneral Mj	illing	154		6	C
9. Industry or business It work wes done, as SAW MILL, BANK,	which Ge	eneral Mj	illing	0 1 Bu	wehn	6	19
	which Ge	eneral Mj	illing time (years) 31	of Bu	wehl	<i>(</i>	19
9. Industry or business li work wes done, as SAW MILL, BANK,	which General SILK MILL, etc	eneral Mj	illing	Other Contributory Causes of	Wells Levelle Importance:		19
year)	r which Gestle MILL, etc	eneral Mj	illing time (years) 31	Other Conflibutory Causes of	Wells		19
year)	which Gestlk MILL, etc	eneral Mj	illing time (years) 31	Other Conflibutory Causes of	Wells	Must	19
year)	which General Research Control of the Control of th	eneral Mj 34 11. Total sp oc t Penna.	illing time (years) 31	Other Confributory Causer of	Wells	Anusil	19
year)	ked at Aug anth and Everett	eneral Mj 34 11. Total sp oc t Penna.	illing time (years) 31	Exch	Welfler According to the control of	Alusto Peter of	19
year)	ked at Aug anth and Everett	eneral Mj 34 11. Total sp oc t Penna.	illing time (years) 31	Neme of operation	asthir	Dete of "	19
year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (Stete or country)	ked at Aug anth and Everett	eneral Mj .34 11. Total sp oc t Penna. Pa.	illing time (years) 31	Neme of operation	esthan	Dete of -	
year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (Stee or country)	Everett Felton Everet Felton Everet Fown) Evere	eneral Mj .34 11. Total sp oc t Penna. Pt. Pa. Iman Pa.	illing time (years) 31	Neme of operation	CASANA PARA EL SANTINO DE SANTINO	n also the following	g:
year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Everett Felton Everet Felton Everet Fown) Evere	eneral Mj .34 11. Total sp oc t Penna. Pt. Pa. Iman Pa.	illing time (years) 31	Neme of operation Whet test confirmed diagnosi 23. If death was due to extern Accident, suicide, or homicide	Askar Sharks el causes (VIOL GNCE) fill/ir e?		g:
year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME JOHN A. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	which Gestler MILL, executed at Aug. Everett Felton Evere Evere acy Eshel	eneral Mj 34 11. Total sp oc t Penna. Pa. Iman Pa.	illing time (years) 31	Neme of operation. Whet test confirmed diagnosi 23. If death was due to extern Accident, suicide, or homicid Where did Injury occur?	el causes (VIOL trice) fiuline?	n also the following te of injury wa, county and Stal	g: , 19.
year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT - Mrs	which Gestler MILL, extended at Aug. Everett Felton Everett Felton Everett Aug. Everett Felton Everett Aug. A	eneral Mj 34 11. Total sp oc t Penna. Pa. Iman Pa.	illing time (years) 31	Neme of operation Whet test confirmed diagnosi 23. If death was due to extern Accident, suicide, or homicide	el causes (VIOL trice) fiuline?	n also the following te of injury wa, county and Stal	g: , 19.
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME JOHN A. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT - Mrs (Address) Frede	which Gestle MILL, extended at Aug. Everett Felton Evere even Evere Evere Evere Evere Aug. A	eneral Mj 34 11. Total sp oc t Penna. Pa. Iman Pa.	illing time (years) 31	Neme of operation	el causes (VIOL trice) fiuline?	n also the following te of injury wa, county and Stal	g: , 19.
year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT - Mrs (Address) Frede 8. BURIAL, CREMATION, OR	which Gestlk MILL, etc. rked at Aug. Reverett Felton Everett Felton own) Evere	eneral Mj 34 11. Total Sp oc t Penna. Pt. Pa. Iman Pa.	illing time (years) 31 pentin this raupation	Neme of operation. Whet test confirmed diagnosi 23. If death was due to extern Accident, suicide, or homicid Where did Injury occur?	el causes (VIOL trice) fiuline?	n also the following te of injury wa, county and Stal	g: , 19.
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. (Address) Frede 18. BURIAL, CREMATION, OR I	which Gestlik Mill, extended at Aug. Everett Felton Everett Felton Everett Acy Eshell Waude C. rick Md t Cem.Fr	eneral Mj 34 11. Total poc t Penna. Pa. Iman Pa. Felton. ed _{Date} Dec.	illing time (years) 31 pentin this raupation	Neme of operation	el causes (VIOL FIVEE) fillinger. (Specify city or town red in INDUSTRY, in HOME	n also the following te of injury wa, county and Stal	g: , 19.
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. (Address) Frede 18. BURIAL, CREMATION, OR I	which Gestlik Mill, extended at Aug. Everett Felton Everett Felton Everett Acy Eshell Waude C. rick Md t Cem.Fr	eneral Mj 34 11. Total poc t Penna. Pa. Iman Pa. Felton. ed _{Date} Dec.	illing time (years) 31 pentin this raupation	Neme of operation. Whet test confirmed diagnosi 23. If death was due to extern Accident, suicide, or homicid Where did Injury occur? Specify whether Injury occur Manner of Injury	el causes (VIOL FINCE) faulir e? Dat (Specify city or to red in INDUSTRY, in HOME	n also the following te of injury	g: , 19_
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	which Gest will, get control of the state of	eneral Mj 34 11. Total Sp oc t Penna. Pt. Pa. Iman Pa. Felten. ed _{Date} Dec. & Son.	illing time (years) 31 pentin this raupation	Neme of operation. Whet test confirmed diagnosi 23. If death was due to extern Accident, suicide, or homicid Where did Injury occur? Specify whether Injury occur Manner of Injury	el causes (VIOL FINCE) faulir e? Dat (Specify city or to red in INDUSTRY, in HOME	n also the following te of injury	g: , 19_
year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME John A. 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	which Gester Gester Great August August August August August Felton Evere Great Grea	eneral Mj 34 11. Total poc t Penna. Pa. Iman Pa. Felton- edpate Dec. & Son.	illing time (years) 31 pentin this raupation	Neme of operation	el causes (VIOL FINCE) faulir e? Dat (Specify city or to red in INDUSTRY, in HOME	n also the following te of injury	g: , 19_

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
permitted by the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of inforof OCCUPA-PHYSICIANS -WRKTE PLAINLY, WITH UNFADING LIVE Should be stated EXACTLY. PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate. PLAINLY, WITH B.-WRKTE

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	1245:
County Tredinick Within the	Corporate Himes Registration Dist. No. 13/
Village or City Frederick	No. 25 77. 5 K. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length ol residence in city or town where death occurred	
(a) Residence: No. 25 m. 5th (Usual place of abode)	St., Word. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Theorem	21. DATE OF DEATH Delember 29th 1934. (Month) (Day) (Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of John E. Henning	22. HEREBY CERTIFY. Thet I attended deceased Iron 28. 134 to Dec. 29. 19.3
6. DATE OF BIRTH (month, day, and year) January 3-1850 7. AGE Years Months Days II LESS than 1 day,hrs. ormin.	i last saw h 12 alive on 29 m, 19 3 P, deeth is sel to heve occurred on the dete steted above, et 2 P m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. 1d Date deceased last worked at his pecunation (month and 1924).	Chronic aritmins 14.
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / MAR (State or country) 13. NAME Frederick Roelley	Cerul Wibility
13. NAME Frederick Rochles 14. BIRTHPLACE (city or town) Frederick (State or country) The	Name of operation Data of
15. MAIDEN NAME Wayarek Elkins 16. BIRTHPLACE (city or town) mary land (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mus. Sewis Churchard (Address) Frederich Med 18. BURIAL, PREMATION, OR REMOVAL Place Med Oliver Courts Dajon Co. 3/, 1934	Specily whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Menner of Injury
19. UNDERTAKER C. E. Coline + Son (Address) Frederick med	Nature of injury 24. Wes disease or Injury In any way reletad to occupation of deceased? II so, specify
20. FILED 31- Dec., 1934. Dr. Dro McEurle Registrar.	(Signed) Objacles J. Tradell M. I (Address) J. rederick, Vel, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	4.0	Example II		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

N. B.-

STATE	OF	MARYLAND-CERTIFICATE OF	DEATH
FATH			

		STATE	r MAR	ILAND-	CERTIFICATE OF DEATH	2456
1	L PLACE OF	DEATH			93-0	7
	County Frederick				Registration Dist. No.	.(
		. West Fall		(If	death occurred in a hospital or institution, give its NAME instead of street and n	
	Length of residen	nce in city or town where do	eath occurredC	9_yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds
2	. FULL NAM	e Calvin	L.Frank	lin,		
	(a) Residence:	: No	(Usual place		St., Ward. If nonresident give city or town and	State
		L AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4	White		RIED, WIDOWED, O (write the word) WEY	21. DATE OF DEATH December, 5, (Month) (Day)	, 193 (Year)
5a.	If married, widowed, HUSBAND of (or) WIFE of	or divorced Late, Annie	Frankl	in,	22. I HEREBY CERTIFY. That I attended to	leceased from
6.	DATE OF BIRTH (mo	onth, day, and year) 18	353-6-19		I last saw h allve on Dec 4 , 1934	; death is sale
7.	AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above 10:300.m.	
1	81	1 5	16	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of onset
OCCUPATION	8. Trade, profession kind of world SAWYER, But work was do SAW MILL,	k done, es SPINNER, DOKKEEPER, etc	Farmer	n	Cerebral Hewors lage:	12-4
OCCO	10. Date deceased	last worked at ion (month and Nov.		me (yeers) It in this ?	Preuse Voisaning: Re. ".	12-4
12	. BIRTHPLACE (city o	r town)	erick Co Land),	Other Contributory Causes of importance Chronic my acarditia: some years.	12-4
IER	13. NAME	Joshua Fran	nklin		J	
FATHER	14. BIRTHPLACE (c (State or co	,	nown		Name of operation Date of Was thate an a	utopsy? 20
IER	15. MAIDEN NAME	Gennitt	Gosnel		23. If deeth was due to external ceuses (VIOL ENCE) fill In also the following	4
MOTHER	16. BIRTHPLACE (c (State or co	ity of town/	nown		Accident, suicide, or homicide? Dete of injury Where did injury occur?	_
17	. IIII ORIMONI	rs.Herman l F.DMt.Ai	Blackst	en,	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
18	BURIAL, CREMATION		L.Date Dec	7,,19.34	Manner of injury	
19	UNDERTAKER	m. Har	Smi.	0	24. Was disease or injury in any way related to occupation of deceased?	20
20	FILED DEC	6 ,19 F W	* Cul	Registrar.	(Signed) Cal Mi Pau Poole (Address) 747 and 74	M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II				
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
JAN 6 21616						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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	m of infor-	hould state	OCCUPA-	1
DN.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BINDI	IS A PERMA	stated EXA	properly classi	ertificate.
MARGIN RESERVED FOR BINDING	DING INK-THIS	I. AGE should be	so that it may be	TION is very important. See instructions on back of certificate.
MARG	ILY, WITH UNFA	e carefully supplied	ATH in plain terms,	portant. See instri
V. S. No. 1	BWRITE PLAIN	mation should b	CAUSE OF DE.	/ TION is very in
>	Z	1	7	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12457
1. PLACE OF DEATH	(3)
county tredericle montione 2h	regulat . Registration Dist. No. 13
Village or City England Associal,	Trend of the Ward
Length of residence In city or town where death occurred yrs	(IPdeath occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Ruly & Giller X	
(a) Residence: No. Breuz wick Md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The arrial.	21. DATE OF DEATH (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of Solly Sulbert	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) \une 1, 1883	t last saw h Line alive on Dec 2/ , 1937; death is seld
AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at Lc_5_0_Qm.
5 2 2 1 day,hi	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A
SAWYER, BOOKKEEPER, etc. 4 and Laborer 9. Industry or business in which	- Almeral perstanction
work was done, as SILK MILL, SAW MILL, BANK, etc.	willia alestrustains Del 1-
10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation 20 4	N
	Other Contributory Causes of importance:
(State or country)	appendication be 25
13. NAME UNDOWN	
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME ULLUTTURE	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
(Address) Brenswick, Wid.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Piece Size Rells Va Oate Dec 23,197	Manner of Injury
	7,-0
UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July5,1927	of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of Infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
NENT RECO	CTLY. PH	ified. Exact		
IS A PERMA	stated EXA	properly class	ertificate.	The state of the s
INK-THIS	E should be	it it may be	on back of c	
UNFADING	supplied. AG]	terms, so tha	NON is very important. See instructions on back of certificate.	
INLY, WITH	be carefully s	SATH in plair	important. Se	T Criston
WRITE PLAI	ation should	AUSE OF DI	TON is very i	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2458
1. PLACE OF DEATH	940)	
County Frederick	Registration Dist. No.	30
Village or City Liskeville	NoSt.,	Ward
Length of residence in city or town where death occurred 22 yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number of the long in U.S. if of foreign birth?	
2. FULL NAME Eugenia Gott		
(a) Residence: No. Licksville	St. Ward. Maenfland	
(Usual place of abode)	If nonresident give tity or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DLYORCED (write the word)	December 18th (Month) (Day)	193_4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d November 10, 1034 December 17	leceased from
6. DATE OF BIRTH (month, dev. end year) Law. 13, 1854	Hast sawh er alive on December 17, 1934	, 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:30 Am.	. 1
80 11 27 I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of anest
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Angina pectoris	Nov. 34
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and		
10. Date decessed last worked at this occupetion (month and year)		
12. BIRTHPLACE (city or town) Paolesville (State or country) Many land	Other Contributory Causes of importance: Chronic myocarditis	6 mo.
13. NAME Thomas Norvis Gatt		
13. NAME Thomas Norris Gall 14. BIRTHPLACE (city or town) Boyl ml (State or country)	Neme of operation Date of What test confirmed diagnosis? Wes there an ea	No.
15. MAIDEN NAME Eleanor White Chismell	23. If death was due to external causes (VIDLENCE) fill in also the following:	
15. MAIDEN NAME Eleanor White Chisnell 16. BIRTHPLACE (city or town) Poolesville, Md (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Eleanor C. Bourke	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Beallsville Date DEC 20,1934	Manner of injury	
19. UNDERTAKER Hillon al Hall,	24. Was disease or injury In any way related to occupation of deceesed?N	[0
(Address) Povlesville, Mrd.	If so, specify	
20. FILED Dec) 9, 1934 - 1. dy . Registrar.	(Signed) Frederick, Maryland	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
20 NO. A	1		
Other contributory causes of importance:		Other contributory causes of importance:	-11-11
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

V. S. No. 1

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(107-a)
county frederick	Registration Dist. No. 145
Village or City Mean muyers re	ONG. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred with the mos.	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME O harles Upto	n Grossnickle
(a) Residence: No. Mean Myserson (Usual place of a yode)	CSe., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Yyar)
HUSBAND of (or) WIFE of	22. DI HEREBY CERTIFY. That I attanded deceased from 15 1934 to Ale 25 1935
6. DATE OF BIRTH (month, day, and year) (ata-hear) 64,193	Alast saw h MM aliva on Dec 75 , 1934; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Bronchial Punemoura coll 24
SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Rear Myersville (State or country)	Other Contributory Causes of Importance:
The state of the s	/Wax raccour-vn
13. NM Sleam Transmille 14. BIRTHPLACE (city or town) New Myersnille (State or country) Many land	Name of operation. 2004 Date of
15. MAIDEN NAME & and Leatherman	23. If death was dua to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mylnaryland (State or country) Maryland	Accident, suicida, or homicida? Date of injury, 19
17. INFORMANT C. Slevy Absonic	(Specify city or town, county and State) spacify whathar injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Gresnickler Comoles 12 1934	Nature of injury
19. UNDERTAKER Sittle Those, md. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec. 27, 1934 William S. Wachtel	(Signad) Selvies Horb M.D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	vojuma.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WUREAU V. S.	1 9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	ξ.		

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Registrari

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes dcath, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Linearity S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	y item of infor-	S should state	t of OCCUPA.	
•	RECORD, Ever	Y. PHYSICIAN	Exact statemen	,
OR BINDING	A PERMANENT	ated EXACTL	operly classified.	tificate.
MARGIN RESERVED F	UNFADING INK-THIS IS	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V.S. No. 1 MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully	CAUSE OF DEATH in plai	TION is very important. S
>	Z	. ,	-	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12461
1. PLACE OF DEATH	(K2)
county macricia	Registration Dist. No. 131
Village or City Chestruch Grovz	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(1) - (1) 1+	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cose to Hamillon	
(a) Residence: No. Clestand Decore (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR, RACE 9. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH DAG - 15 1934 (Year)
5a. If married, widowed, or divorced HUSBAND OF Edward M. Hamilton (or) WIFE of Edward M.	22. Did HEREBY CERTIFY That I attended deceased from Did not see Godgeo until after death
6. DATE OF BIRTH (month, day, and year) Och. 11 4 1883	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Gun-Shop would of
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (modificant) spent in this	Chest Dec 15
10. Date deceased last worked at this occupation (mod) rand 15 spent in this 3 / occupation 3 /	
12. BIRTHPLACE (city or town) Md. (State or country)	Other Contributory Causes of Importence:
13. NAME Own Valentine 14. BIRTHPLACE (city or town) 14. Direct country)	
14. BIRTHPLACE (city or town) Md	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy? P.G.
15. MAIDEN NAME Elizabeth Pustation 16. BIRTHPLACE (city or town) Mid-	23. If deeth was due to external causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?
2 (State or country) 17. INFORMANT Edward Hamilton (Address) Frederick Md3	Where did Injury occur? Mash Loruse on home farm (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Com. Date DEC - 17, 1934	Manner of injury Delf inflected Nature of Injury Daw Shot wound
19. UNDERTAKER Jovelb & albaugh	24. Was disease or injury In any way releted to occupation of deceased? 100
20. FILED 15 - Dec 1, 1934 Do Dran ha Curdy.	(Signed) Oto S Hone M. D. (Address) & warl Lown
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

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Example I		Example II	TOP E
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
	- 1		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12464
1. PLACE OF DEATH	97
county Fredericke Co.	Registration Dist. No. 153
Village or City near Walkersurlle	No. St., Ward
Length of residence In city or town where death occurred 60 yrs 3 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
0 . 1 11	Bdoll
2. FULL NAME David T. Co.	enge
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB, RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Wesservilled 20, 1934 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Andany Hedges	Sept 28 1932 to Dec, 20 1934
6. DATE OF BIRTH (month, day, end year) Nov. 13, 1854	Hast sew h size alive on Puch 20 1924; death Is said
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, atm.
80 / B Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	9
SAWYER, BOOKKEEPER, etc. TAUNUL	arterioscherosso 1930
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and 927 spent in this 40 secupation 40	
12. BIRTHPLACE (city or town) mary land	Other Contributory Causes of importance:
(State or country)	
13. NAME Daniel Degges	
4 14. BIRTHPLACE (city or town) Mary land	Name of operation Oate of
(State or country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Callerine Devilors	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Manyland	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mr Coarry & dages	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stade Olim Oate Sec 2219 34	Nature of Injury
19. UNDERTAKER 4. W. Wright	24. Was disease or injury In any way related to occupation of deceased? 220
(Address) Walkerwilles mid.	If so, specify
00 5115 ACA(2V 34 PM dAt 11/	(Signed) 100 E b /2 IV. Love / M.D.
20. FILED TV Registrar.	(Address) . It felkers will Thed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1935			
Other contributory causes of importance:	9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

1. PLACE OF DEATH	- TERTIFICATE OF DEATH 124(),)
county Frederick	Registration Dist. No. 138
Village or Cityhn, hew Market	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH See 28 , 193 (Yeer)
52. If married, widowed, or divorced HUSBANO of (or) WIFE of Jerrys Afoldman	22. A I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 700. /7-/87/ 7. AGE Years Months Oays If LESS than	I last saw h. alive on Sec 28, 193 4; death is said to have occurred on the dete stated above, et 10,30 Pm,
4 8. Trede, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at II. Total functions of this occuration (month and	Brodelin Spreumoure de 23/3
work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Osto deceased last worked at this occupation (month and year) 17. Total time (years) spent in this occupation 18. Total time (years)	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Marylands (State or country) Let 13. NAME Charles Mealer	
14. BIRTHPLACE (city or town) Mary lunks (State or country)	Name of operationOate of
15. MAIDEN NAME Calliarus E. Sheets,	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Caltharus E. Sheets, 16. BIRTHPLACE (city or town) Mary land.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mes: Garge lehaner benghte (Address) red market Mid.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL Bally Many of Consultangue 12 - 30 - 1954	Manner of injury
19. UNDERTAKER W. E. Falcony (Address) New Marker Md.	24. Was disease or injury in any wey related to occupation of deceased? No.
20. FILED 12-28, 1939 Lucian K. Falwner Registrar.	(Signed) Cruck to Kvab M. D. (Address) New Warker Med M. D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	3 11921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
1 JAN 4 18.2					
Other contributory causes of importance:	?	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ctc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of des of importance were as foll	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 9 1.3	July 5,1927	Peritonitis	3 days ago
	BUKELLV			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-PHYSICIANS should state

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

mation should be carefully supplied.

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF MARYLAND—CERTIFICATE OF DEATH

đ	0	A	131	44
l	2	4	6	6

1. PLACE OF DEATH	(120%)
County tradent	Registration Dist. No. 141
Village or City Man Dunketheville	NoSt., Ward
Length of rasidance in city or town where death occurred 15 yrs. 8 mos	If death occurred in a horpital or institution, give its NAME instead of street and number) isdsmosds.
2. FULL NAME Mangaret agues Bly	a Johnson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Frich 17 1919	I last saw h. eq. aliva on Nov-10, 19. 14; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
13 8 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKESPER, etc	& Probably of young grigues of
	Heneralyed Tellowtis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Last west in how I
10. Date dacaased last worked at this occupation (month and spent in this	advised potent to go
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Patient had been sick a month before therein
(State or country)	- saw her; and died a month ofter his last
13. NAME John won Johnan	visita Ceoff
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Maggie & Johnson	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
No. J. James a.l.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CANDES TO A CONTROL OF THE CONTROL OF	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Time Church	Mannar of injury
Place Constitute La Date Dec 17 , 1984	Natura of injury
19. UNDERTAKER & H. Felfy & Down	24. Was disasse or injury in any wey related to occupation of dacadsage
20. FILED Lee 14 19 34 lun H. S. Hisdy	(Signad) Helliany Shuarff M. D.
Registrar.	(Addrass) Junement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V					
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Trederick	Registration Dist. No. / 34
Village or City Quentlehond	Not chescalled st. Ward
Length of residence in city or town where death occurred.	If death occurred in horbital or institution, give its NAME instant of street and number) os
2. FULL NAME Wartha Kunnen	(Seater De Sales)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Que 28 193 3 4 (Month) (Day) (Year)
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Turay 28-1846	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 22 50 P.m.
88 7 - 1 day,hrs	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Thoch from full 220/3
kind of work done, as SPINNER, Sealer of alout	
kind of work done, as SPINNER, Justin of all with SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and this couragition (months and this couragition (months and this securation).	Chronic Endocualità 1930
11. Total lime (yeers) this occupation (month and / 2/15/34 occupation / year)	
900 1	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	(Moure Cliberas Si Cleron
1	
14. BIRTHPLACE (city or town) Bellinable	Name of operation 4 Date of
(State or country)	Name of operation Date of Whet test confirmed diagnosis? Ly Grammet Was there an autopsy?
15. MAIDEN NAME Bright Traces	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Great Traces 16. BIRTHPLACE (city or town) Bellinaslas (State or country)	Accident, suicide, or homicide?Date of Injury
(State or country)	Where did injury occur?
17. INFORMANT St. Thoug Lorella.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) A. Apolphy College Limitaling le	at home It Joseph & Collie
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place quitaling Date 12/31, 1934	Nature of injury
19, UNDERTAKER W. F. Shuff &.	24. Was disease or injury In any way related to occupation of deceased? 700
(Address) Enquitality lee &	If so, specify
20. FILED De0129 1934 W. F. Shiff	(Signed) Morris a Durily M. D.
Lo. Files of Segistrar.	(Address) Thursday Illd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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1	Example I		Example II			
The principal cause of de of importance were as fol Arteriosclerosis	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	JAN 3 1985	July 5, 1927	Peritonitis	3 days ago		
	BURFAU V.	0 1				
Other contributory causes	of importance:	State Clark (State	Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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Example I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 4903			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	PLACE OF DEA				(23)
	County Fre			(1	Registration Dist. No. /3/ ND. 227 Washington St., W. death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth? yrs. mos.
2	FULL NAME	Clan Per	Montin		
1				7.4	773 a
	(a) Residence: No	CZ7 Was	Hington (Usualplac	e of abode)	Md St., Ward. If nonresident give city or town and State
	PERSONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. S		OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 1 (Month) (Day) (Year
5a.	If marriad, widowed, or div HUSBAND of			- W	22. I HEREBY CERTIFY. That I attanded daceased 19.28 to 19.28 to 19.28
6. I	DATE OF BIRTH (month, da	v. and vear)	January 1	16 1997	I last saw h im aliva on Dec / 19 3 4 death is
7. A		Months	Days	If LESS than	to have occurred on the data stated above, at1:30_A.M.
	47	10	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
OCCUPATION	8. Trade, profassion, or p kind of work done SAWYER, BDOKKE 9. Industry or business i work was dona, as SAW MILL, BANK, 10. Data deceased last wo this occupation (m	, as SPINNER, EPER, etc n which SILK MILL, etc orkad at onth and	Sp.	g tima (years) ant in this	Pulmonary Tubereulous
	BIRTHPLACE (city or town (State or country) 13. NAME	Shippe	Pa. Martin	upation1.5	Other Contributory Canses of Importance: 6 house myocaralities
FATHER	14. BIRTHPLACE (city or t (Stata or country)	own)Shi	penshurg Pa		Nama of operation Date of Date of What test confirmed diagnosis? X / Noy Llc ' Was there an au'opsy?
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or t (Stata or country)	own) Marti	W. Va.		23. If daath was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?
	(Address) Fre	abeth C. derick, M			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR Place MOUNT	Oliveti		e.3,,193.4	Manner of injury
	(Address) Fred	erick, Mo			24. Was disaasa or injury in any way ralated to occupation of deceasad? NO
20.	FILED 3-Dec.	19.84.10	. Pro h	Registran	(Signed) I' reduce made

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. B.		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0 / 1710
1. PLACE OF DEATH		6410
County & reall grenin	the Corporate Mustage Registration Dist. No. 3 !	
Village or City Freel Homefre a	gent 113 reland st.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and it	
Saral Buth	Micheley	03
2. FULL NAME A MANY MANY	y y court	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	THE PERSON NAMED IN
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Founds solute OR DIVORCED (write the word)	(Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day)	(Tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
0 4	1932 to 202	, 1929
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on	_; death is said
7. AGE Years Month's Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and retated causes of importance	
ormin.	were as follows:	Date of enset
8. Trada, profession, or particular kind of work dona, as SPINNER, Selected Careful	arteus Alymis	.336
9 Industry or business in which	Sofleung OF Brail	Ø
kind of work dona, as SPINNER, Seland Geather SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. Accord Declared SAW MILL, BANK, etc. 10. Data deceased last worked at 1910 11. Total tima (years) spent in this		
	45	
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Trederick he	Chronic Nephrolis	10900
(State or country)		
II 13. NAME		-
13. NAME 13. NAME 14. BIRTHPLACE (city or town) Personal (State or country)	Name of operation	
15. MAIDEN NAME Elizabeth C Schole	What tost confirmed diagnosis? Was there an a	
I 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Bate of injury Bate of injury	, 19
min 6 4 me Raid	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
17. INFORMANT (Address) Frederick Mid	Specify whether injury occurred in inpustric, in nome, or any oblic in	no.
18. BURIAL, CHEMATIUM, UR REMOVAL	Manner of injury	
Place Wyoline X Cen Data Dec 22,1934	Nature of injury	
10 HADDER LOVE & Cline tolors	24. Was disease or injury in any way related to occupation of deceasad?	rea
19. UNDERTAKER (Address) Frederick mid.	II so, specify	
20. FILED 21 - Dec 134 Ambury	(Signed)	M. D
20. FILED 21. Registrar.	(Address) Tolk feelen 9	MA
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting T. S. No. 1	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			75

4al

PHYSICIANS should state

mation should be carefully supplied. AGE should be stated EXACTLY.

FLAINLY, WITH UNFADING INK-THIS

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

item of infor-

KECORD. Every

IS A PERMANENT

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B. of OCCUPA-

Exact statement

be properly classified.

STATE OF MARYLAND—CERTIFICATE OF DEATH

-4	ñ	A	24	1)
1	2	4	1	3

1. PLACE OF DEATH	119
County Mariels	Registration Dist. No.
Village or City Brook will	NoSt.,Ward
Length of residence In city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	s,mosds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Unna Elizabeth	morrow
(a) Residence: No.	St., Ward.
(Usual place of abod PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V	WIDOWED. 21. DATE OF DEATH
Brush coloned OR DIVORCED (write	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
201 25 19	1934, to 522, 1934
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on The date stated above at / A m
	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
or	min. were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BUUKKEEPER, etc	Intestinal Dearshea
work was done, es SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Total time (ye	9875)
o this occupation (month and spent in the occupation)	
12. BIRTHPLACE (city or town) Brokenie	Other Contributory Causes of importance:
(State or country) The desired () 29	el .
13. NAME Berge of Thomas por	
13. NAME Bernel Thompson 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) New For	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (LA Che Plan Promo	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Amore wills	Accident, suicide, or homicide?Date of injury19
Signature (City or town)	Where did injury cour?
17. INFORMANT MATTHEY	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT MATTERY (Address)	
18. BURIAL, CREMATION OF REMOVAL	Menner of injury
Place Delersviller Date beg 21	, 19. & & Nature of injury
h H. Feet & Jon	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER AD - 14. Teleff 4 5 000 (Address)	If so, specify
20 FILED Weg 20 1034 Lens H. S. Hado	(Signed) attorner M.
20. FILED 193 4 19	Registrar. (Address) Brunswill Zand

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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JAN K 1655	t j		
Other contributory causes of importance:	is a second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

y or town and State

That I attended deceased from

Date of onset

DEATH

OF

(Day)

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JAN 5 19.0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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BINDING

RESERVED

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BUREAU V			
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Ward

(Year)

; death is said

Date of onset

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1	MARGIN RESERVED FOR BINDING	ERVED	FOR BINDING
N. B.—WRITE PLAINLY,	WITH UNFADING IN	K.TIIIS	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be care	fully supplied. AGE s	should be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH is	n plain terms, so that i	it may be 1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very importa	TION is very important. See instructions on back of certificate.	n back of c	ertificate.

M

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	477
1	L. PLACE OF DEA	TH	-			
	County 72	roles	uch	7	Registration Dist. No.	3
	Village or City	and	wick	E-	No Hubert O. St.	Ward
	Length of residence in c	ity or town where	death occurred	O_yrsO_mos	death occurred in a hospitator institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs m	number) osds.
	2. FULL NAME	130	ley 1	Frele		
	(a) Residence: No.	helient	(Usual place	of abode)	St., Ward. If nonresident give city or town and	Siste
	PERSONAL AN	ID STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLO	OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193
ļ ——	If married, widowed, or dive	orced	7		(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	<u></u>			22. I HEREBY CERTIFY, Thet I attended the 22 1934, to the 22	
6.	DATE OF BIRTH (month, da	y, and year)	2. 22	-34	Hast saw him Sitely tons - de 4-22, 193	4: death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
	0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trede, profession, or p	articular			2	Date of onset
5	kind of work done, SAWYER, BOOKKEI		Vezer		Etill Com	
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	SILK MILL, etc		******	If month fetus	
OC	1D. Date deceased last wo this occupation (mo year)	rked et onth and	spa	ime (years) nt in this u pation		
12.	BIRTHPLACE (city or town)	Fran	Leni	6	Other Contributory Causes of importance:	
~	(State or country)	•	11 0			
FATHER	13. NAME Thanks	me l	Feete	4		-
AT	14. BIRTHPLACE (city or to	оwп)	mark	20	Name of operation	
-	(State or country)	, ,		•	What test confirmed diegnosis? Was there an	ou'opsy?_(&)
HEF	15. MAIDEN NAME	rgen	in De	rage	23. If death was due to external causes (VIOLENCE) fill in also the following	:
MOTHER	16. BIRTHPLACE (city or to	own)			Accident, suicide, or homicide? Date of Injury	, 19
Σ	(State or country)			2	Where did injury occur?	
17.	INFORMANT 2	Ving in	in I	uly	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR I	REMDVAL	^	7	Manner of injury	
	Place 1		Date -	C. 23-19.37	Nature of Injury	
19.	UNDERTAKER (Address)	man (2 Jone	20	24. Was disease or injury in any way related to occupation of deceased?	av.
20.	FILED 2 - Dec.	1984 D.	Drat h	Can Que	(Signed)	M. D.
q .		If more	blanks are needed.		2477 N. Charles Street Relaimone Provincian 71 S. N.	az-cd-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRINCIPLE VILLE			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAI	N
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	item
	Every
•	RECORD.
RGIN RESERVED FOR BINDING	G INK-THIS IS A PERMANENT RECORD. Every
OR	SA
VED I	THIS I
ESER	INK
RGIN R	NFADING

AGE should be stated EXACTLY.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA-

N. B.-WRITE PLAINLY, WITH V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF	DEATH
----------------------------------	-------

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	16410
County Friderick	Registration Dist. No. 14/
Village or City	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Edward & Sand	Sun la la la la la la la la la la la la la
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Dec 24 (7), 193 4 (Year)
5a. If married, widowad, or divorced HUSBANO of	
(or) WIFE of unbannon	22. I HEREBY CERTIFY, That I attended deceased from
& DATE OF BIRTH (month day and man)	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Orbout 53	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oata of onset
SAWYER, BOOKKEEPER, etc	Cara
NOT Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	There is a considerable
10. Data deceased last worked et this occupation (month and year)	and reporter
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Exposured to colde cure
W 13. NAME (2. 3- 10)	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 30 In aloe the ander	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 20 System Andrew 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of Injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT Clinin In Rhoads (Address) Breding to the my	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Kny fyilleng Date at 26, 1871	Nature of injury
19. UNDERTAKER PATT 22 + V JUSTIN	24. Was disease or injury in any way related to occupation of deceased?
(Address) Brunowick mel	If so, specify
20. FILEO LUC 25, 1934 Ma N & Hellers	(Signed) MD. (Address) Yarung Suret MD.

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12479
1. PLACE OF DEATH	(23)
county Frederick	Registration Dist. No. 139
Village or City Male San alorem	tte MQ St., Ward
	death occurred in a hospitalor institution, give its NAME instead of street and number)
2. FULL NAME Karl & chmi	Tt.
(a) Residence: No. 16 25 Cliftwill (Usuf) place of abode)	Ward. V3 all b. Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH Q. C. 13. 193 (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
7 1669	Llast saw h in a glive on D C 1/3 1934 death is seid
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated ebove, et. 1
45 6 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, Contractor	0 0
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at C. 90 . 11. Total time (yeers) this occupation (month and 2)	Outmonary Tuberculous
SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and 2/2 1/2 occupation). SAW MILL, BANK, etc. C. 90. 11. Total time (yeers) spent in this occupation.	J
12. BIRTHPLACE (city or town) Yermany (Stete or country)	Other Cautributary Causes of importence:
I 13. NAME Herman Schmitt	
13. NAME CONTROL SCHOOL STATE 14. BIRTHPLACE (city or town) Jemany	Neme of operation None Date of
(State of country)	Whet test confirmed diegnosis? Chest Xrayt Pos. Was there en autopsy? No
15. MAIDEN NAME Henrietta Schuell	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Slamany (State or country)	Accident, suicide, or homicide?
17. INFORMANT Karl & chruitt (on admission) (Address) 1625. Cl. Hurew ave. Bala M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Thurmont MdDate Uninousing	Manner of injury
19. UNDERTAKER M. L. Creager (Addiess) Thursdant ind.	24. Was disease or injury In eny wey releted to occupetion of deceesed?
20. FILED Registrar.	(Signed) State Sanatorum md.
74 11 11 11 11 11 11	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	_ 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12480
1. PLACE OF DEATH	(23)
County Irederick	Registration Dist. No. / 5 /
Village or City State Sanatorum	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William I &	0 1/0
	hupper to 12 0t ml
(a) Residence: No. 17, 15, Y Q alway (Vaul place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word),	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	
Calherine Schuffler	22. HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) Seesa 1 - 1887	I last saw h. My eliva on D. C. ? 193 4: deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the data stated abova, at 9:50 P.m.
47 6 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	RATA
and an arriver of business in which work wes dona, as SILK MILL, Dept Saw Mill, BANK, atc.	Outmonary / welculosis
U 10. Date deceased last worked et. 11. Total time (years)	
this occupation (month end ext, 1932 spent in this occupation 144	
12. BIRTHPLACE (city or town) Mary and	Other Contributory Causes of importance:
(Stata or country)	(1) + Ma 00+
13. NAME GO, Schuffler	Draveles Mellius.
13. NAME SQO, Schuffler 14. BIRTHPLACE (city or town) Maryland.	Name of operation.
(Stata of country)	What test confirmed diagnosis? Chest Xray Pos Mas there an autopsy? 46
15. MAIDEN NAME Wine Getzendanne 16. BIRTHPLACE (city or town) Maryland	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Wary and (Stete or country)	Accident, suicida, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WM 1. Lehuffer on admission	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca 13 alto Md Date unknown	Nature of Injury
19. UNDERTAKER M. L. Creager	24. Was disaase or injury in eny way related to occupation of daceased?
(Addrass) Thumbur Md.	If so, specify \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
20. FILED 17734 19. 19.	(Signed) Sleward S-18 Waller M. D. A
Registrar.	(Address) State Sanatorula Mad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

BINDING

ARGIN RESERVED

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsat		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-20
County Freele, Within the Co.	ruorate limiter Registration Dist. No. 131
Village or City Anell	No. 11.5 Record St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	Charretto
2. FOLL NAME	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from Mercurber 15, 1934, to See 7, 1934
6. DATE OF BIRTH (month, day, and year) Dec. 11, 1851	I last saw h 5 alive on Deci 7, 1934; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Petree SAWYER, BOOKKEEPER, etc.	Cepetral Hemmontage Nav19
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	177
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Carroll Co. (State or country)	Other Contributory Causes of importance:
13. NAME COMOS. W. 2166	Name of operation. Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary N. Wagnes	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary V. Nagoti 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT TO THE THE THE THE THE THE THE THE THE THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Lut. Oliver Date Dec 10, 19.3 9	Manner of injury
19. UNDERTAKER Cr. C. C. China & Jona (Address) Frederick mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10 - 100c. , 1934 Dr. 2na & his Curdo Registrar.	(Signed) MY COUNTY M. D. M. D. (Address) Talkacal MA
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement

EXACTLY.

stated

AGE should be

MARGIN RESERVED FOR BINDING

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-White

V. S. No. 1

	1. PLACE OF DEATH	Registration Dist. No. 145
	Village or City hr. Myersvilly	No. St., Ward
	Length of residence In city or town where death occorred.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Elias Ellina	Shepley
	(a) Residence: No. Mean Mylism (Usuai place of abode)	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12 23 , 198 4 (Month) (Day) (Yyar)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY, That I attended deceased from 10 193 4 to CC Z 2 1934
	6. DATE OF BIRTH (month, day, and year) april 25-1863	I last saw h Mich alive on
cinca	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4
10 10	8 Trade profession or particular	Chronic Neyocardite's July 193
on back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, 0	
	year) 2-32 occupation refe	Other Contributory Causes of Importance:
Structions	(State or country) (State or country)	arterio-sclervis
ee ins	13. NAME The rear myerorice many land 14. BIRTHALE (city or town) We state or could be a server of the server o	Name of operation Love Date of
26	(State or country)	What test confirmed diagnosis? Was there an autopsy?
important.	15. MAIDEN NAME Cynthus (Tryon) 16. BIRTHPLACE (city for town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or lomicide?
very imp	17. INFORMANT Ceter 4. Shepley (Address) musers willer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
N IS V	18. BURIAL, CREMATION, OR REMOVAL Church Hell 12-26,1934	Manner of injury 74542
110.	19. UNDERTAKER Bittle Brown (Address)	24. Was disease or injury in any way related to occupation of deceased?
T	20. FILED Dec. 26, 1934 / William D. Wachtel	(Signed) Mind Ale Xoun M. D. (Address) Mind Ale Xoun M. D.

12483

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E DEPART V S			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2.8
county of reducing	Registration Dist. No. / 5 /
Village or City State Sanalorus	nno Md. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME IN a liter O. Sha	Aven.
(a) Residence: No. 525 Dellar	St. Ward Cumberland Ind.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wall white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merriad, widowad, or divorced HUSBAND of COT HISTORY Rose M. Shober	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	I lest sew ham alive on & 2 C 5 193 Y : death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebova, at 7:10.P.m.
36 3 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, West Cutter SAWYER, BOOKKEPER, atc.	0 1 = 1
Sind of work done, as SPINNER, What Cutter SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in this country and the second in th	Tulmonery Tuber culosis
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this 20 years))
12. BIRTHPLACE (city or town) Wayland: (State or country)	Other Contributory Causes of importance:
II 13. NAME a et. Shover	Timber entous I grunaillo
13. NAME (Let. Shour 14. BIRTHPLACE (city or town) many land	Name of operation Date of Date of
(State of Country)	What test confirmed diegnosis? Churt X May 4 Por Was there an autopsy? No
15. MAIDEN NAME Oma Kreutsberg 16. BIRTHPLACE (city or town) Maryland,	23. If daeth wes dua to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland, (State or country)	Accident, suicide, or homicide? Data of Injury, 19
17. INFORMANT Valter J. Mober Con admission (Address) 525 Filley St. Cumberland ma	Where did injury occur? (Specify city or town, county and State) pecify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Curvulland Indones Inflormation	Menner of injury
19. UNDERTAKER M. L. Colage. (Addiess) Thurnghy md.	24. Was diseasa or injury In any way related to occupation of dacaasad? NO
20. FILED LAST 4, 19 Registrar.	(Signed) State Sanatonim md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	(adapt	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAITVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19486
1. PLACE OF DEATH	20
County Trederick	Registration Dist. No. 139
Village or City State Sanaloum	St, Ward
Length of residence in city or town where deeth occurredyrs,	death occurred in a horpital or institution, give its NAME instead of street and number) 29 ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary E. Small	wood.
(a) Residence: No. 702 Safayette (Usual place of Goode)	Dave Ward. Cumberland. Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (nurrice the word) Sh. If married, widowed, or divorced	21. DATE OF DEATH DC. 27,193 4 (Month) (Dey) (Year)
(or) WIFE of Harry Smallwood	22. O HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 28. 1910	I lest sew h. D. alive on Bec 27 1934; death is seid
7. AGE Years Month Days If LESS than	to heve occurred on the dete steted above, at 3:45 Pm.
24 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER,	- A Date of ones
Kind of work done, es SPINNER, YOUNGERS SWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occurrent in the state of	Villemonary (100 to)
work wes done, es SILK MILL, SAW MILL, BANK, etc.	7 modulosis
10. Date deceased lest worked at this occupation (month and 2 413 age) spent in this year)	
000:	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	Thomas
0.	functions in units
14. BIRTHPLACE (city or town) Oustria	Name of operation Dete of I
(State of country)	What test confirmed diagnosis way Nay Oo Was tillere an europsy?
15. MAIDEN NAME Frances — ?	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Frances — ? 16. BIRTHPLACE (city or town) Quality (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Mary Smallwood (on admiss (Address) 702 Palayelle av. Cumpy)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAR	Member of anjury
Place Millian a Mile un Milliano	Nature of injury
19. UNDERTAKER M. L. Creager (Address) Thurman Address.	24. Was disease or injury In any way releted to occupetion of deceased?
20. FILED () Registrar.	(Signed) Alward A. Maffer M. D. (Address) State Sanatorium m
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	11	Example II	
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ાં દેશ	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 7 1985	July 5,1927	Peritonitis	3 days ago
	HEIREAU V. S.			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones .		May 1,1923	Gastroenteritis	1 year

ccu	county Frederick	Registration Dist. No. 13
shor of o	Village or City Near Jeagoville	No. October St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
it S	. //	. 2.6 ds. How long in U.S. If of foreign birth?yrsmosds.
statement	2. FULL NAME Robert Eugene	Stone out out.
sta	(a) Residence: No. / Classification (Usual place of abode)	St., Ward. (Low) Long will with State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male white Single	21. DATE OF DEATH Dec. 23, 193 4 (Year)
	5å. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Nove 27, 1934	I last saw h. alive on 12 - 27 , 193 F; death is said
	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2 A m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
100	8 Trade profession or particular	Barrie Brunnana landre
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	Cold and bronshitts , for several days;
-	10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation occupation	followed by branchonforcumonial.
	12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
-	(State or country) I 13. NAME Salvest M. Stars I.	Mesate Gailine gisonnediate course.
	13. NAME ALLER STANDS 14. BIRTHPLACE (city or town) Mary Cored	Name of operation
1-	(State of country)	What test confirmed diagnosis? Was there an au'opsy? Au-
	16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
-	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17, INFORMANT (Address) Frederick, Mel. 17. D	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Mt Clivet Cempre Bore Dec 74, 1934	Manner of injury
	19. UNDERTAKER M. P. Celetrison & Son (Address) Frederick Manisonal	24. Was disease or injury In any way related to occilipation of deceased?
)	20. FILED 24 - De C, 193 4. D. Dr. Dr. Registrar.	(Signed) 44 . F. Bourne & . M. D. (Address) Finders R. Dad,
-	If more blanks are needed, address State Registrar.	11 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12488
1. PLACE OF DEATH	(27)
County Frederick Corents	Registration Dist. No.
Village or City Johnwille.	NoSt, Ward
Length of residence in city or town where death occurred 3 Qyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) Output Description of the descriptio
2. FULL NAME Marcha Orth	Times
(a) Residence: No. Wand	St., Ward.
(a) Noside No. (b) (a) Sual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemail 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 12-12-1938
6. DATE OF BIRTH (nionth, day, and year)	l last saw h. 4 elive on 12-17- 1938: death is said
7. Age Years Months Oays If LESS than I dayhrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this propagation from	Gatinia Ochonsol 2
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) year) occupation occupation	
12, BIRTHPLACE (city or town) New Gensen	Other Contributory Causes of Importance:
(State or country)	
13. NAME CINON JANONE 14. BIRTHPLACE (city or town) Nacw. Jersen	
14. BIRTHPLACE (city or town) New Jersey	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comma Liponeot 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externat causes (VIOLENCE) filt In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19
17, INFORMANT Cloud B Dollar Chales	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Meadow Prompate Lac 20, 1934	Nature of injury
19. UNDERTAKER Pay second / Cl wight	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED DLD 19, 1934 MACKETYLESE	(Signed)
If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAUVES			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
With the state of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(receptority too	1 year

رو	STATE OF MA
state UPA-	1. PLACE OF DEATH
CCE	County Mashington F
should occ	Village or City Throwvills
	Length of residence in city or town where death occurred
IAN	2. FULL NAME COANA GUA
PHYSICIANS of statement	(a) Residence: No. / Moyville
. PH Exact	PERSONAL AND STATISTICAL PA
. >-	3. SEX 4. COLOR OR RACE OR DIVO
X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
X cla	Constant
E E ate.	7. AGE Years Months Days
stated proper	93 9 -
be st be pr of cer	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.
i	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and
should t it may on back	SAW MILL, BANK, etc
FT +	this occupation (month and year)
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)
ed. is, s truc	(State or country) Augralam
supplied. n terms, ee instru	# 13. NAME Charles 9V, J.
in in	14. BIRTHPLACE (city or town) (State or country)
lly bla	a la the
refi in tan	I T
d be carefu OEATH in important	16. BIRTHPLACE (city or town)
should be call OF DEATH	17. INFORMANT MAS Remeth 3
7 7	18. BURIAL, CREMATION, OR REMOVAL Md. Place Som John Manon Date H
mation CAUSI TION	19. UNDERTAKER 9. 2. Cockles (Address) Bolivar, 1
4	10-0/0

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12489
. PLACE OF DEATH	108
County Washington Frederick	Registration Dist. No. 64
Village or City Thodwill	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
FULL NAME Cana Sinewa Sl	ride
(a) Residence: No. / Proposition (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DLC 23 nd 193 H (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of Noy R. Strible	22. CHEREBY CERTIFY. That I attended deceased from 1994, to 1982 23, 1934
DATE OF BIRTH (month, day, and year) Warl 33-19//	I last saw h.e. 1. alive on Dec 2 3 , 19 74; death is said
AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at A. M. m.
25 Y ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER Your Tyleson	Lohor Premionia
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Daraan Ma	Reute Stanewile 1.
13. NAME Charles. gv. Ingram.	nephrita
14. BIRTHPLACE (city or town) + Our Plan Med, (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME annie B. Welsh.	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) (SABINGS) WAA	Accident, suicide, or homicide?
INFORMANT MA Kinneth Swofel. (Address) Knowwille may of st.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Sam Islan Manon. Date Dec 26. 1984	Manner of injury
UNDERTAKER 9 h Cachles (Address) Bowar, W.Va,	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify
FILED Web &4, 19 &4 lens. H. S. HE do co Registrar.	(Signed) (Address) Brussell 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

3. S 5a.

6. D 7. A 6

OCCUPATION

MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2490
1. PLACE OF DEATH	93.0	CIOU
County Frederick	Registration Dist. No. / 3	8
Village or City Pearl	NoSt	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town whare death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrs mo	s ds.
2. FULL NAME Mrs. Maggie Kemp	Stulls	
(a) Residence: No. Peace, ma.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	1934
5a. If married, widowed, or divorced	(Month) (Day)	(Yøar)
(or) WIFE of M. F. Shelts	22. I HEREBY CERTIFY, That I attended to	leceased from
6. DATE OF BIRTH (month, day, and year) Jan. 21 1865	I last saw h alive on Lev (1984	death is said
7. AGE Years Months Days If LESS than	to have occurred on the dale stated above, at 2.30 4	,
69 11 10 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House leefser	Chr muvayouter	2
9. Industry or businass in which	and ingreatowns	Moor.
work was done, as SILK MILL, SAW MILL, BANK, etc.	C + 10 com com	a din
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation.	ume I very straum	3007
10.1	Other Contributory Causes of Importance:	14
12. BIRTHPLACE (city or town) Tredlenels (State or country)		
THE THE THE	Cardiac Farlone	
I 13. NAME William Stulls		
13. NAME William Stulls 14. BIRTHPLACE (city or town) Frederick	Name of operation Date of	
(State of country) Mary land	What test confirmed diagnosis? Chhical Was there an au	atopsy?
15. MAIDEN NAME Henriella Brengle 16. BIRTHPLACE (city or town) - Frederick	23. If death was due to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town) - Fre denely	Accident, suicide, or homicida? Date of injury	19
(State or country) Many land	Where did injury occur?	
17. INFORMANT Mrs. Frank Hooper (Address) Pearl Md	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Place M. T. Clinet Cours, Date Vec 4, 1934	Natura of injury	
19. UNDERTAKER Harry E. Carty Co	24. Was disease or Injury In any way related to occupation of deceased?	
(Addrass) Freglenich Mg	If so, specify	
20. FILED 12-3 , 1934 Lucian Ktalconea	(Signed) Hamence Fahrney	M. D.

Registrar.

(Address) Tredunik

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RESERVE V.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



8

Village or Length of r	Frederick, City Frederick esidence in city or town where AME Willia	e death occurred	(18 5_8_yrsmos	Registration Dist. No	
		hurch St,	Fredk, Md.	St., Ward.	
PERC	NAL AND STATIS	(Usual place		If nonresident give city or town as	id State
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED. D (write tha word)	21. DATE OF DEATH December 1 (Month) (Day)	
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced	Butcher		22. 1 HEREBY CERTIFY. That I attanded to the standard of the s	nd daceasad from
6. DATE OF BIRT	H (month, day, and year)	June 8, 18	76	I last saw h im alive on Deel 19.34	(; death is said
7. AGE 58	Months 5	Days 23	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11:30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
9. Industry of work SAW I	f work done, as SPINNER, ER, BOOKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc ased last worked at coupation (month and	Farm	time (years) ent in this 35	Other Contributory Causes of Importance;	19raj
(State or c		Md.		Bronchite	
13. NAME 14. BIRTHPLA (Stata	John Temple CE (city or town) or country)			Name of operation	2.
17. INFORMANT (Address) 18. BURIAL, CREM	or country) Mrs Jennie T	Md. Temple erick, Md. rtonsville		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	ing: ,19 tale) PLACE.
(Address)	M. R. Etchis Frederick.	Md.	Iw. Curls Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	Sv. M. C

fill in also the following: _ Date of injury______19. or town, county and State) HOME, or in PUBLIC PLACE. pation of deceased?___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		·		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12492
1. PLACE OF DEATH	(3)
county trederick	Registration Dist. No. 139
Village or City State Sanatorum	to Md . St., Ward
Length of residence in city or town where death occurredyrsOmos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Benjamin F.T	la manson
(a) Residence: No. 2915 Oak crest (CUSTR Ward. Balto . md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DOC . 141 41
male while I single	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Dec 14 1931 to Dec 14 1934
6. DATE OF BIRTH (month, day, end year) July . 29. 1892	I last saw h is alive on Dec 13 1934; death is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, et 5: 20 Am.
42 4 15 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. Mauffeur National States of the Control of the Contr	P
work wes done, as SILK MILL, SAW MILL, BANK, etc.	1 MMonary Inverculoses
11. Total time (yeers) this occupetion (month end yeer) 1931 spent in this 8 yw occupetion.	
12. BIRTHPLACE (city or town). March and.	Other Cantributory Causes of importance:
(State or country)	
13. NAME James to. Thompson	
13. NAME James to Thompson 14. BIRTHPLACE (city or town) manyland.	Name of operation Dake of
(State of Country)	What test confirmed diagnosis? Shurt Xray Y Por Was there an autopsy? W
15. MAIDEN NAME Mary E ?	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Wary E? 16. BIRTHPLACE (city or town) manyland	Accident, suicide, or homicide? Date of Injury, 19
(State of country)	Where did injury occur?
17. INFORMANT Berry. Thompson Con admission	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) 2915 Car Crestave, Balto, md.	
Piece Vo al Timore Maste inknown	Manner of Injury
M. J. Pragato + Los	Nature of injury
19. UNDERTAKER VICTACIONAL (Address) Thursday In de	24. Was disease or injury in any way related to occupation of deceased?
121 10/11/11	(Signed) Sewart, A. Shaffer M.D.
20. FILED	(Address) State Lan a torum M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	Example I			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
1 week ago	Attack of epilepsy	1915	LASI DE LINE	Arteriosclerosis	
1 week ago	Run over by street car	1921	GHIA L 1205	Chronic interstitial nephritis	
3 days ago	Peritonitis	July 5,1927	PHODALI V	Cerebral hemorrhage	
		7 6			
	Other contributory causes of importance:		of importance:	Other contributory causes o	
1 year	Gastroenteritis	May 1,1923		Gallstones	
		May 1,1923	of importance:	Other contributory causes of Gallstones	

-WRITE

TION is CAUSE

17. INFORMANT (Address)

19. UNDERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

state of infor-

plnods

OCCUPA-

Jo

		Registration Di	st. No.	2 /
No			St	Ward
leath occurred	in a hospital or institut	tion, give its NAME i	nstead of street an	d number)
ds.	How long in U.S. if of	f foreign birth?	yrs	mosds.
St.,	Ward.			
			ve city or town a	nd State
		ERTIFICATE	OF DEATH	
21. DAT	E OF DEATH			TE.
	D¢	Month)	(Dav)	193 4
			\ >	(Teal)
22.	IHEREBY	CERTIFY	That I attend	deceased from
m	con,	1934 to 1	Tre 9"	19324
I lest saw h	elive on	1924 to 1	103	4; deeth is said
	urred on the date state		,) , doeth 13 3aid
	fPAL CAUSE OF DEAT		-	
were as fol	lows:	ti and leigted canzez	or importence	Date of onset
	11/1			0
My	, o coodities	U		June - 33
1				
	,		***********	
			•	
Other Conti	ributory Causes of Impo	rtance:		
91	na of the			Dre 9 h
caei	na of lu	wys		Dre 7
Name of op	eretion		Date of	
What test c	onfirmed diegnosis?		Was there a	n sutoney?
	wes due to external cau			-
Accident, su	uicide, or homicide?	Da	te of Injury	, f9
Where did I	njury occur?	/S	16	
Specify who	ether injury occurred in	INDUSTRY, in HOM	wn, county and a E, or in PUBLIC	PLACE.
Menner of I	Iniury			
Neture of Ir	njury			77
24. Was dise	ase or injury in any wa	ay related to occupati	on of deceesed?_	000
If so, speci	fy	Af	- }	
(Signe		, torre)	M. D.
	(Address) Xilv	rlyhown	I mal	
ATT N Charl	les Street Beltimore De	averting 7) S No		

If more blanks are needed/address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER S	TATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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	of importance were as follows:	Date of puset
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July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
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	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

-WRITE PLAINLY, WITH UNFADING LARGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEATI
O I / I I L		MIVILLE	AIID	CERTIFICA	L L Long		DLAII

1	. PLACE OF I				920		. 0.4
	County Fred					Registration Dist. No.	131-
	Village or City	Frederick			No. I. O. O. F.	Home	St.,Ward
	Length of resident	ce in city or town where	death accurred	ure Q mos	f death occurred in a hospital or instituted as the second of the second	tion, give its NAME instead of	street and number)
				yrsmos	now long in 0.3. is 0	a toteign bifth:	as.
2		Mrs. Emma V		• / 0	town)		
	(a) Residence:	No. N. Market	(Usual place		Ward. Max	If nonresident give city of	In a state
	PERSONAL	AND STATIST			MEDICAL C	ERTIFICATE OF DI	
3. 5		COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	December 5,	10.4
_	emale	White	Wide	3		(Month) (Dey)	(Year)
ba.	II married, widowed, HUSBAND of	or divorced			22. A LHEREBY	CERTIFY, That	l ettended deceased from
	(or) WIFE of J OS	sepn "eir				1914, to Dec.	5 19.34
6. I	DATE OF BIRTH (mor	nth, day, end year)	july 18.	1852		Dec. 5	., 19 4; death is seld
7. /	AGE Years	Months	Days	If LESS than	to heve occurred on the date stete		
	82	4	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	'H and related causes of impor	The state of the s
z	8. Trade, profession	n, or particular He	ousework		n	1. 1. 11	Date of onset
OCCUPATION		done, as SPINNER, OKKEEPER, etc.			Myreadis	Justice	man 2 mo
PA	9. Industry or busi work wes do	ness in which ne, es SILK MILL, At	Home		0	//	
CCU	SAW MILL, B	SANK, etc		ima (vaam)			
ŏ	this occupation	on (month and 1933	Sp3	ime (years) nt in this 60 upation			
				apation	Other Contributory Causes of impo	ortence:	W. Carlot
12.	Stete or country)	town) W. Va.			A. tacksto	Mician	
2		ed Sterling.			277		712
FATHER		W. Va			anuy		
FA	14. BIRTHPLACE (cit (State or cou	ty or town)			Name of operetion		
2		Susan Lear			What test confirmed diegnosis?		
MOTHER		W. VE	2.		23. Il death wes due to external cau		
呈	16. BIRTHPLACE (cit (Stete or cou				Accident, suicide, or homicide?	Dete of inju	iry, 19
	I.	O. O. F. H		ds	Where did injury occur?	(Specify city or town, coun	ity and State)
17.	(Address)	rederick, M	d:		Specily whether injury occurred in	I INDUSTRY, IN HOME, OF IN P	UBLIC PLACE.
18.	BURIAL, CREMATION	, OR REMOVAL			Menner of injury	***	
	Plece Weste	rmport. Md.	Date De C.	7, 19 34	Nature of injury	************	
	M	R. Etchison	& San				20
19.		derick. Md.	oc OII		24. Wes disease or injury in eny wall so, specify	ay related to occupation of dec	ceesed?
-	64:	2 0	mola	e each	(Signed)	center Tim	W. M. D.
20.	FILED	195 4		Registrar.	(Address)	nedwix m	W. D.

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F

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1921	Run over by street car	1 week ago
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	·	
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	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Frederick	Registration Dist. No. 238
Village or City hear. New Market	No. St., Ward death occurred in a hospital or institution, give ita NAME instead of atreet and number)
Length of residence in city or town where death occurred # F yrs. 2 mos	
2. FULL NAME /Marie Thosa	<u></u>
(a) Residence: No. m. New Market (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DEC. 22 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
E BATE OF BIRTH (10 - 9 - 1906	1937 to DEC 22 1937
o. DATE OF DIKTH (month, day, and year)	I last saw harmalive on Ozer, 22 , 19 39; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 2m.
28 2 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Ditational
A. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Hulmonary Tuberculosis 1932
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Coutributory Causes of importance:
<u> </u>	
4 14. BIRTHPLACE (city or town) // ary Land: (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Colin a Brown, 16. BIRTHPLACE (city or town) Maryland, (State or country)	23. If death was due to external causes (VIOLENCE) filt in also the following:
O 16. BIRTHPLACE (city or towar) VVI aryland; (State or country)	Accident, suicide, or homicide?
C/ (Jake of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Califfa: Wood Sedwage (Address) New Market	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
hopage lo entary Date Del. 24, 1984	Nature of injury
19. UNDERTAKER US. F. alconer, (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 12 - 24 1934 Lucian K. Falconer	(Signed) 13074-2
Registrar.	(Address)

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3		
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